

Name
in
Full

Elizabeth May Aaron

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Diad at	Cambidge	for	Chesapeake	Months	Days
Date of death	1909	Month	Aug	Day	22
Age	1	Years	11	Months	13
Sex	Female	Color or Race	White	Birth-place	Cambidge
Occupation	Baby	Where Residing if not at place of death Cambidge			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John W. Aaron				Father's Birthplace Hooper Island
Mother's Maiden Name	Daisy Price				Mother's Birthplace Cambidge
Name of person giving Information	Baby Price				How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bite or sting

166

>

How long

immediate

Immediate

Blood loss

How long

months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John W. Aaron
Cambidge MD

Accident or Suicide

2716

Name
in
Full

James R. W. Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at **Bishops Head** Town **Dorchester** County

MARYLAND

Date of death **1909** Month **August** Day **16**

Age **68** Years

Month **6** Days **16**

Sex **Masculine** Color or Race **White**

Birth-place **Bishops Head**

Occupation **Oysterman**

Where Residing if not
at place of death

Bishops Head

Married, Single or Widowed **Married** Name of Wife or Husband

William Louis Adams

Father's Name **Clemmy Adams**

Father's Birthplace **don't know**

Mother's Maiden Name **Susie Adams**

Mother's Birthplace **AI**

Name of person giving Information **Edward J. Adams**

How related to deceased **son**

CAUSES OF DEATH

Primary

Senility

154

How long

Immediate **Heart failure**

X

Are the name, age, sex, color, date and place correctly given above?

Yes, so

Signature of Physician

J. M. White MD

Address

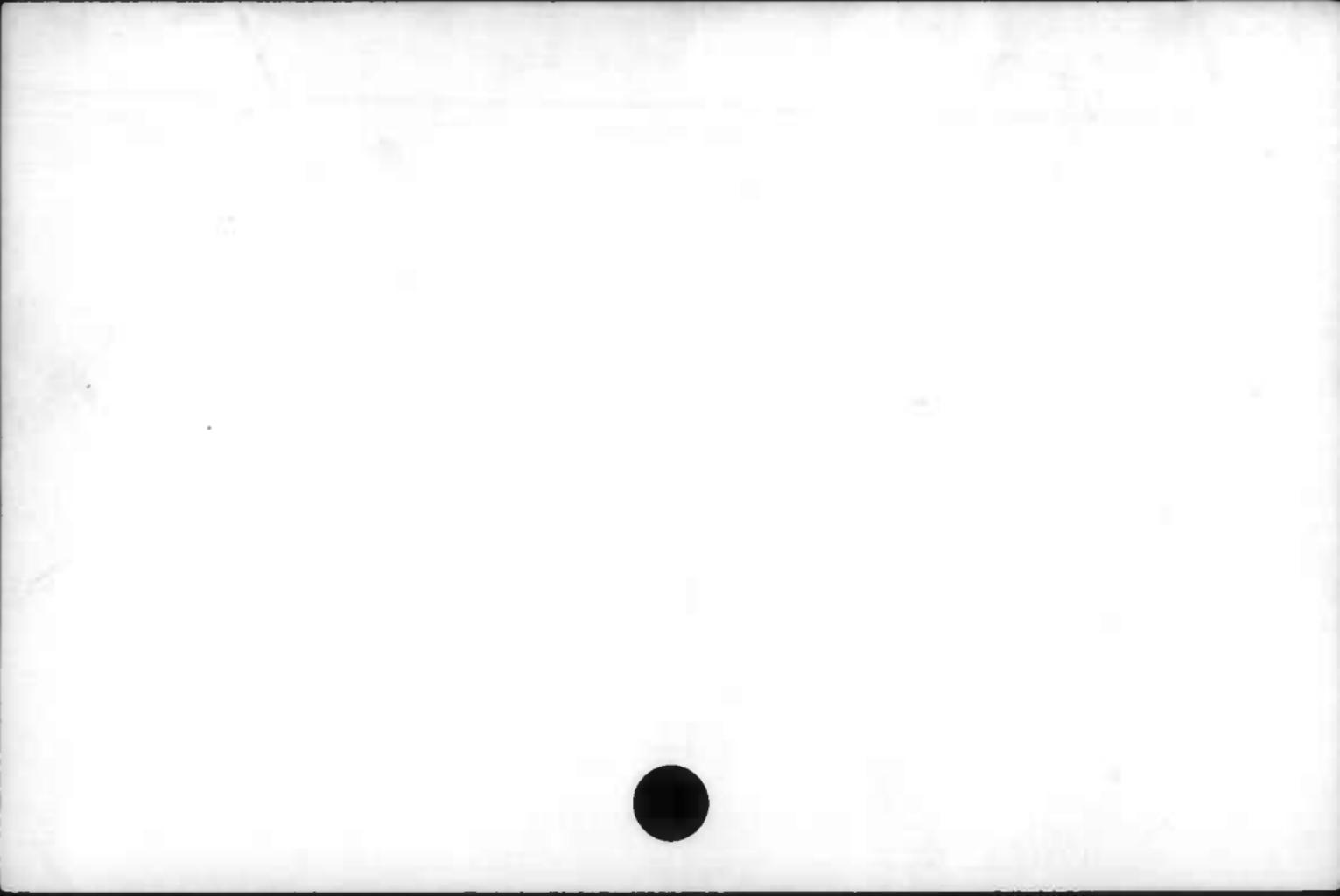
Craps

MD

PHYSICIAN
OR CORONER

Accident or Suicide





Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Elizabeth Alford

CERTIFICATE OF DEATH

Died at Towson County Dorchester MARYLAND
Date of death 1909 Month 8 Day 26 Age 4 Years 7 Months 29 Days
Sex Female Color or Race white Birth-place Md
Occupation Infant (child) Where Residing if not at place of death Secretary
Married, Single or Widowed Child Name of Wife or Husband None
Father's Name Charles Alford Father's Birthplace Md.
Mother's Maiden Name Ida M Cockeran Mother's Birthplace Md.
Name of person giving information Charles Alford How related to deceased Father

CAUSES OF DEATH

Primary

Burned entire body & limbs for nearly hour

Immediate

Odeme lungs

167

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

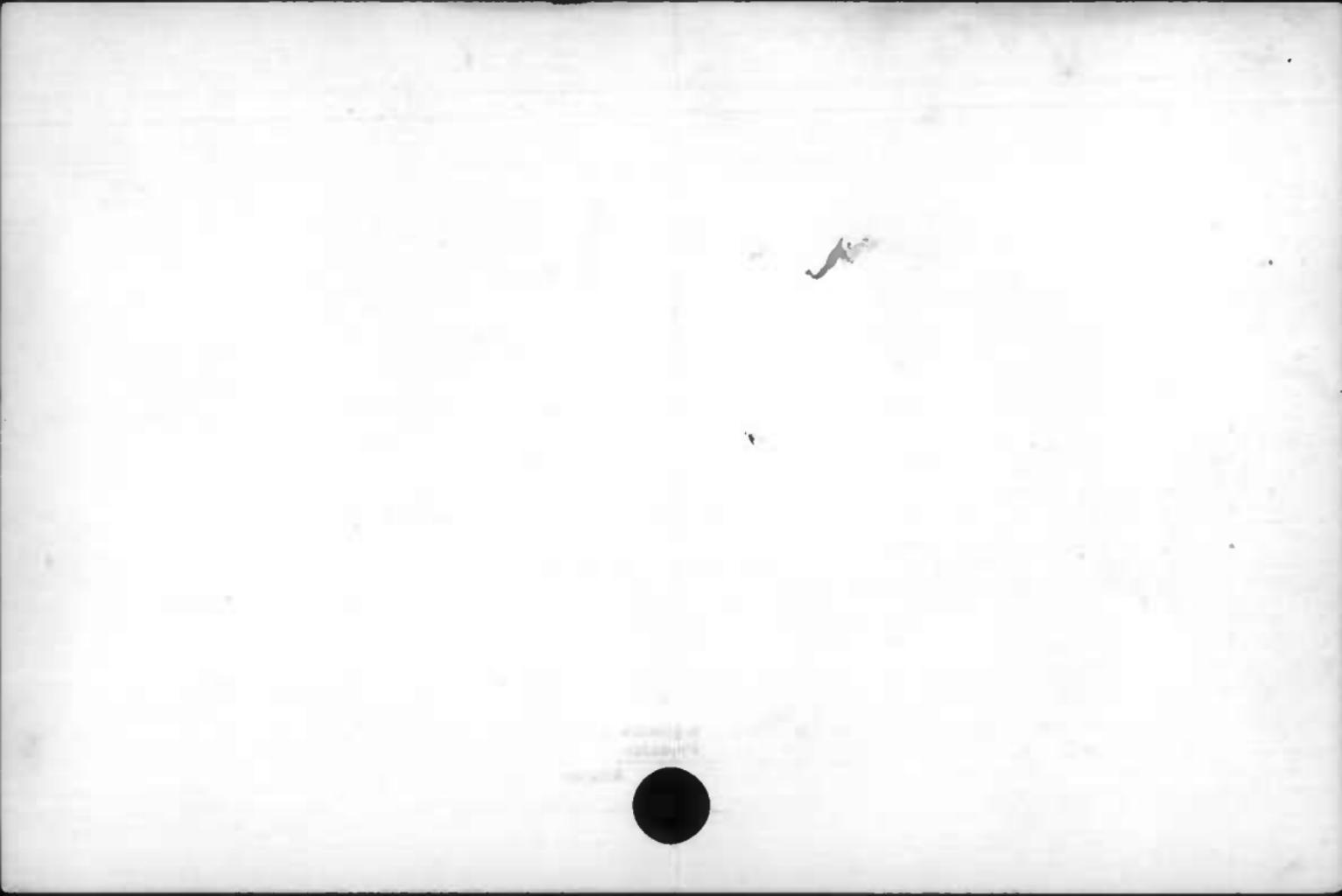
Signature of Physician

Address

Westport
East New Market

Accident or Suicide

Burned by clothing catching fire



Name
in
Full

Burtha M Beeton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Petersburg Town Dorchester County
Date of death 1909 Month Aug Day 22 Age Years
Sex Female Color or Race Colored
Occupation
Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband infant
Father's Name Edgar Beeton Father's Birthplace nd
Mother's Maiden Name unknown Mother's Birthplace nd
Name of person giving Information Edgar Beeton How related to deceased Father

CAUSES OF DEATH

179

How long

2 weeks

How long

PHYSICIAN
OR CORONER

Primary

unknown

Immediate

"

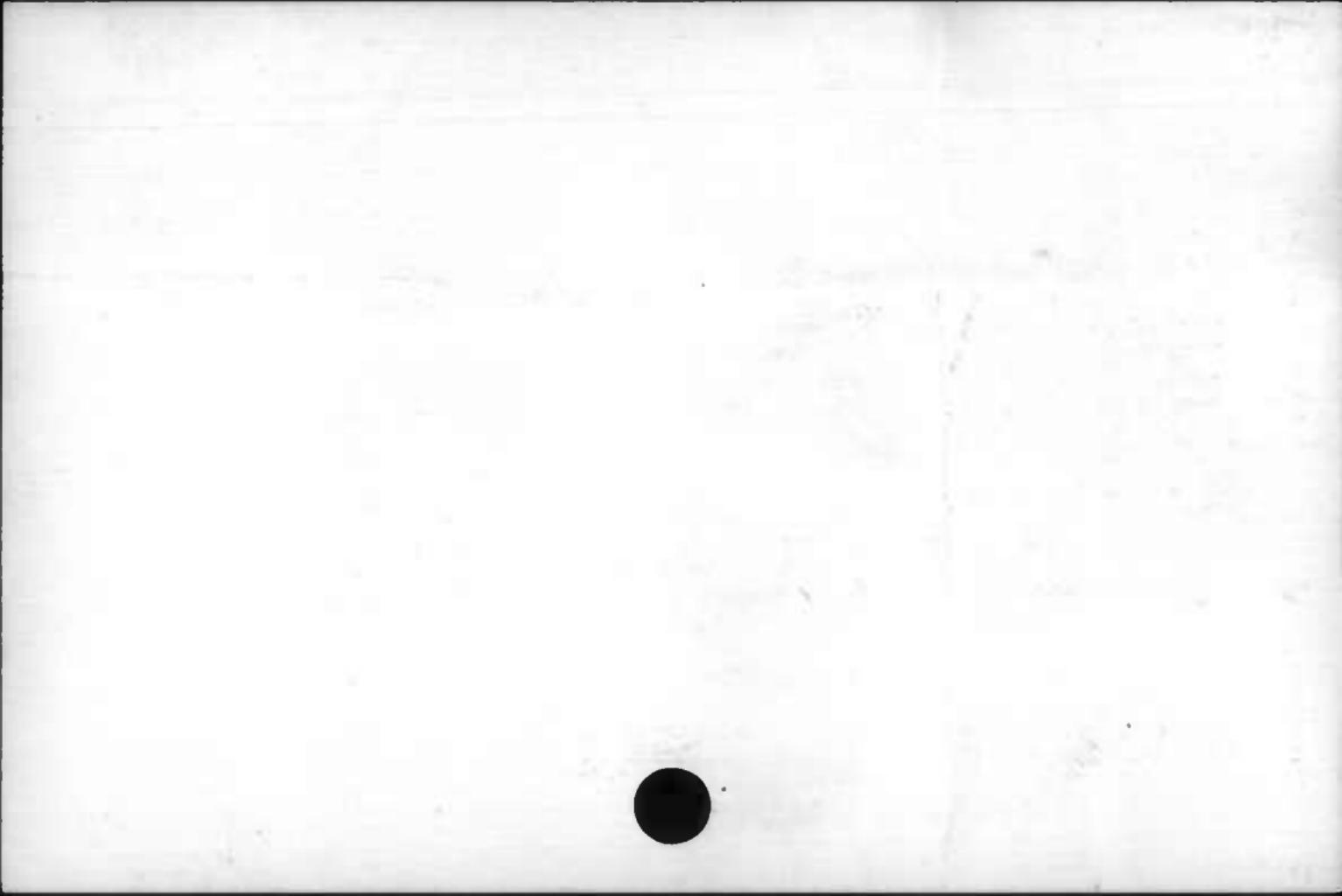
Are the name, age, sex, color, date and place correctly given above?

44

Signature of
Physician

None in attendance
Address Robert L Hastings
Local Register

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Essie Francis Bowley
Town Cambridge County Dorchester
Died at Month Day Years Months Days
Date of death 1909 Aug 14 Age 11 n
Sex Female Color or Race Colored Birthplace Dorchester Co
Occupation Infant Where Residing If not at place of death n
Married, Single or Widowed Infant Name of Wife or Husband
Father's Name Irvin Bowley Father's Birthplace Dorchester Co
Mother's Maiden Name Mary A Stiles Mother's Birthplace Dorchester Co
Name of person giving information Irvin Bowley How related to deceased Father

CAUSES OF DEATH

Primary

Gastric Enteritis

105

X

Immediate

Ischemia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Address

44

Lester L. Reynolds
Cambridge, Md.

Accident or Suicide

CERTIFICATE OF DEATH

MARYLAND

Days

Months

11

n

Birthplace

Dorchester Co

105

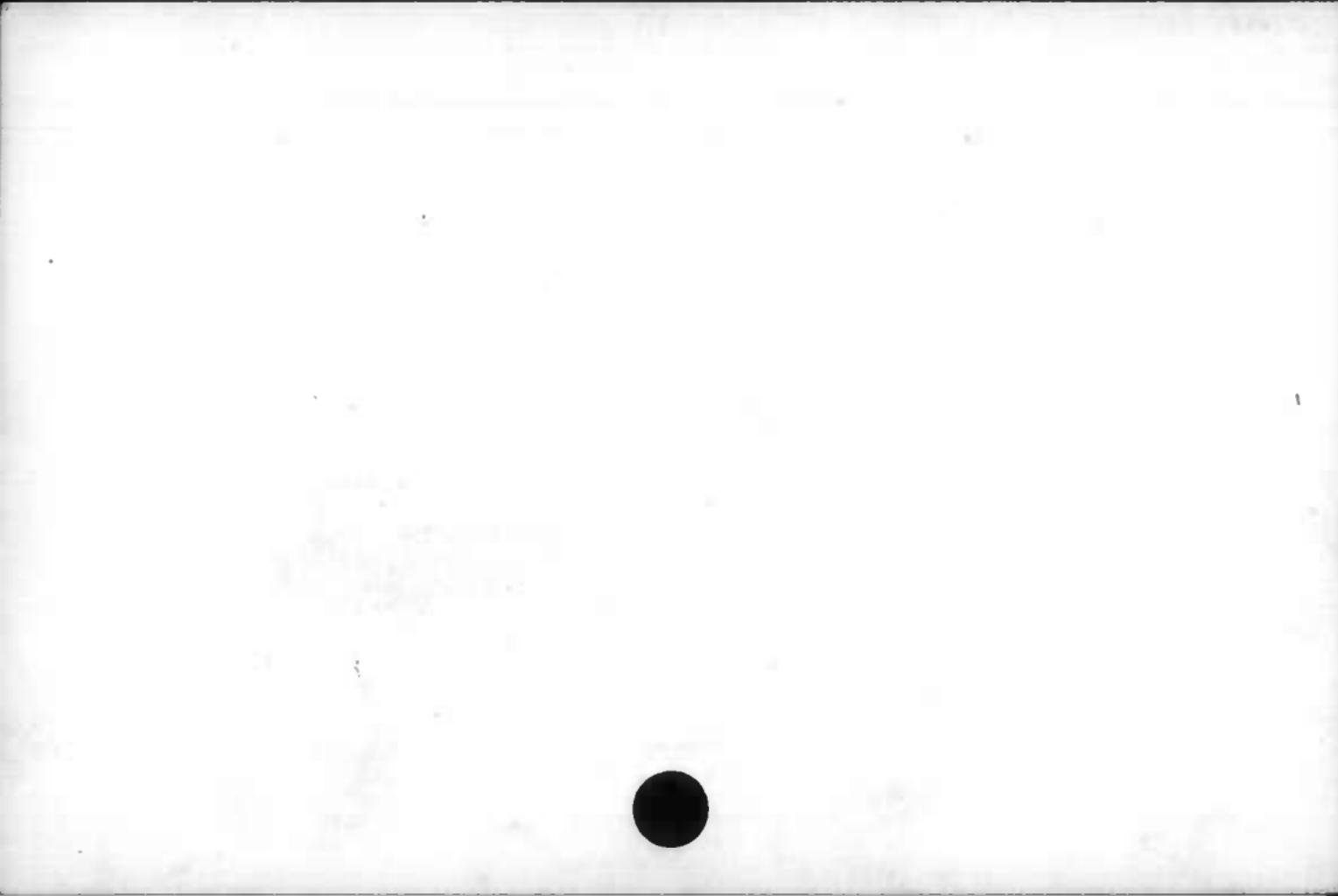
X

One week

How long

" " " " "

" " " " "



Name
in
Full

Mary A. G. Bramble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month Aug.	Day 6	Years 1	Month 6	Days
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	None	Where Residing if not at place of death Cambridge Md				
Married, Single or Widowed	—	Name of Wife or Husband —				
Father's Name	Goodman W. Bramble					Father's Birthplace Maryland
Mother's Maiden Name	Sarah J. Aspin					Mother's Birthplace
Name of person giving information	Goodman W. Bramble					How related to deceased Father

CAUSES OF DEATH

Primary

General Pneumonia

116

X

How long

30 days

Immediate

To Laughter

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

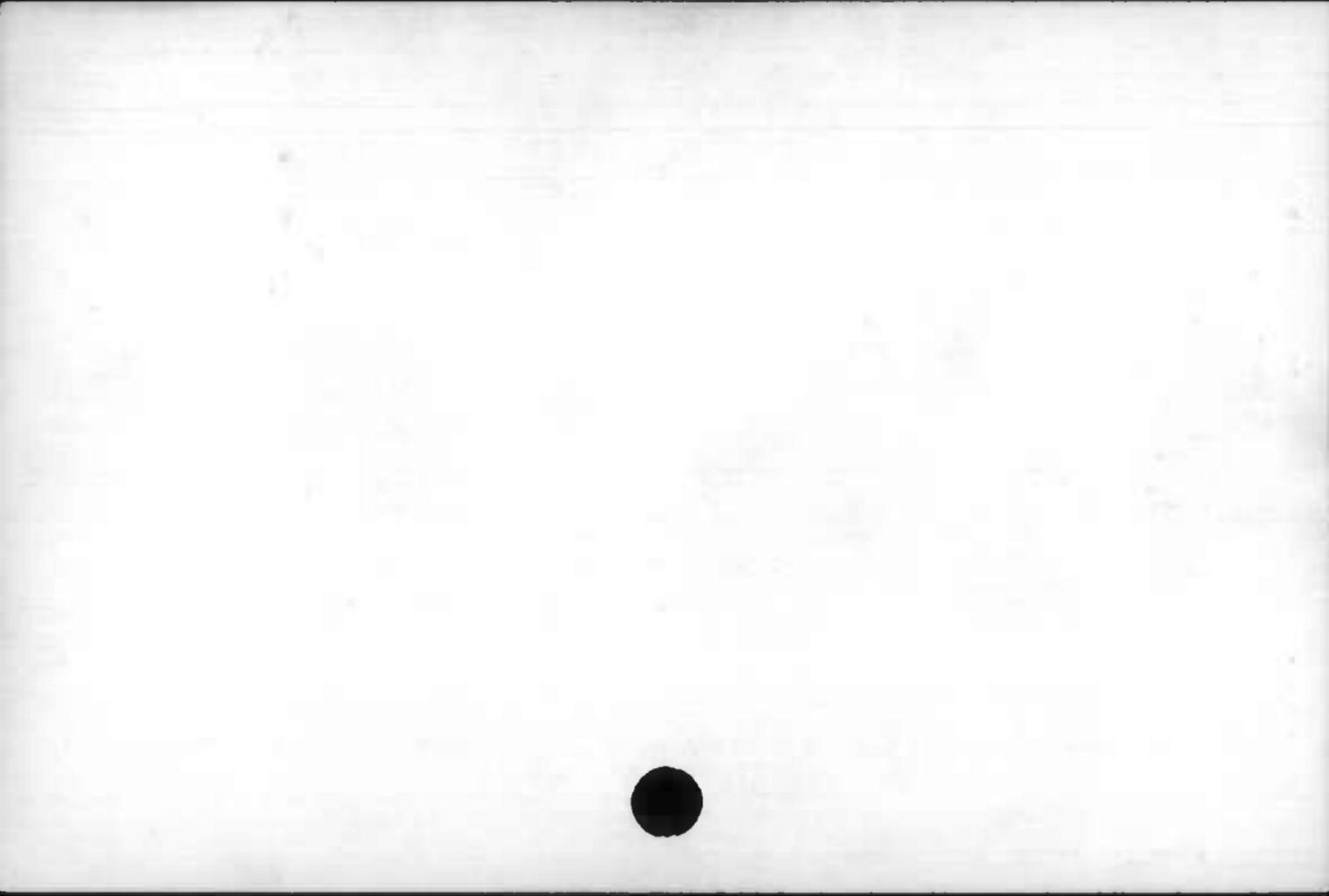
Yes

Signature of Physician

Address

Dr. W. G. Bramble
Cambridge Md

Accident or Suicide



Name
in
Full

Wm Cheslock.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Baltimore.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Dufour.	Name of Wife or Husband	Dufour	Father's Name	Poland Russia	
Father's Name	Wallace Cheslock.					
Mother's Maiden Name	Veronica Swava.					
Name of person giving information	Wallace Cheslock.					
How related to deceased	Father.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera Diphtheria

105

x

Immediate

Heart Failure

How long

2 wks.

How long

Are the name, age, sex, color, date and place correctly given above?

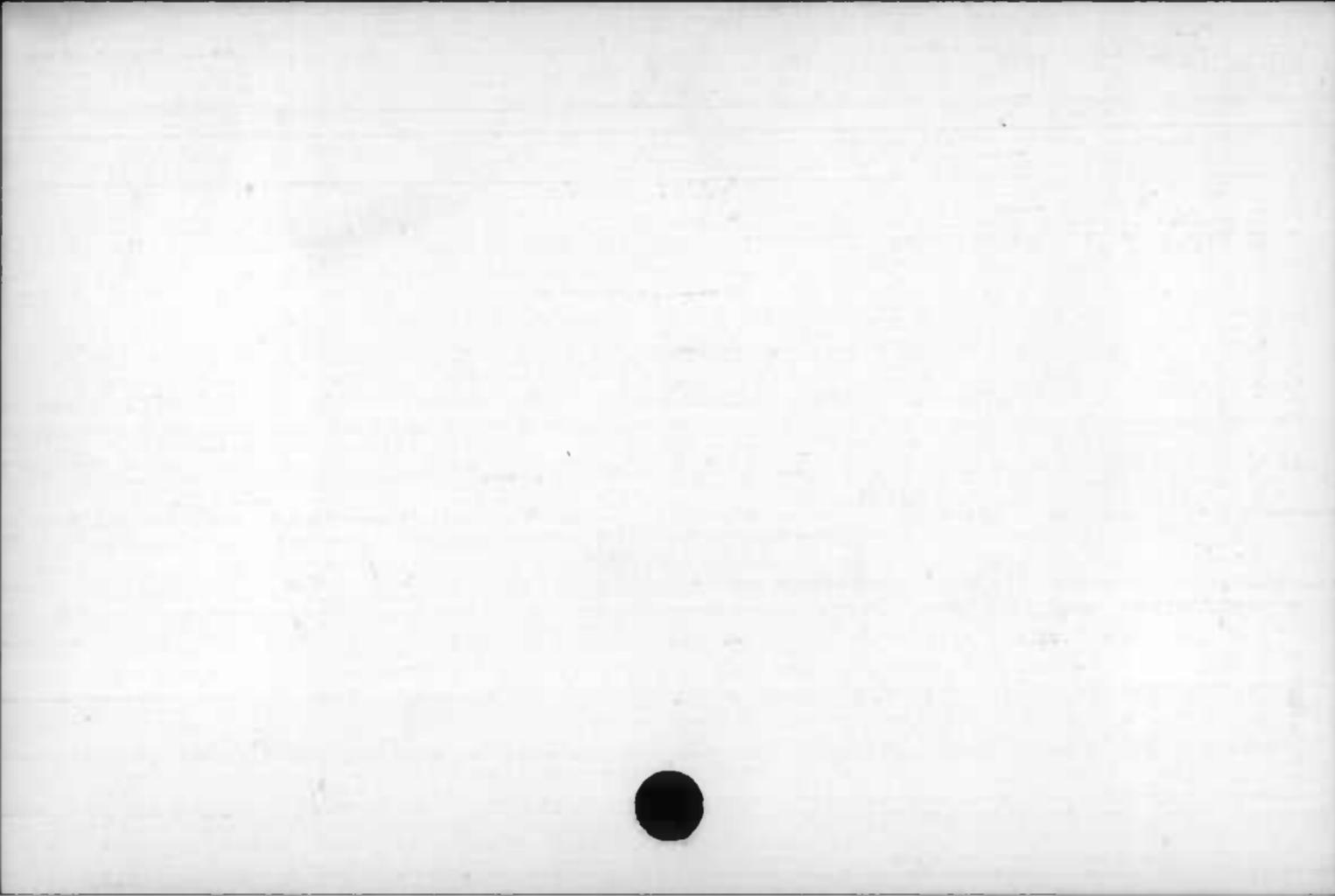
Signature of Physician

D H Blaust.

Accident or Suicide?

Address

Vienna Md.



Name
in
Full

not named Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hurlock		Town		County		MARYLAND		
Date of death 1909	Month 8	Day 21	Age 1	Years	Months	Days		
Sex male	Color or Race White		Birth-place Hurlock Md					
Married, Single or Widowed		Occupation		none				
Name of Wife or Husband		none						
Father's Name		John Collins		Father's Birthplace		Dr. G. M.		
Mother's Maiden Name		Hattie Bowdole		Mother's Birthplace		Dr. G. M.		
Name of person giving information		John Collins		How related to deceased		Father		

CAUSES OF DEATH

84

How long

How long

PHYSICIAN
OR CORONER

Primary

shut down

Immediate

shut down

Are the name, age, sex, color, date and place correctly given above?

74

Signature of Physician

Address

Gregory Meyer

Hurlock

74

Accident or Suicide?

Name
in
Full

Dufour & Oliver Collins -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Oliver Collins			Father's Birthplace	Md
Mother's Maiden Name	Oliver Dufour			Mother's Birthplace	Md.
Name of person giving information	Oliver Collins			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Meningeal Hemorrhage*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

64

X

How long

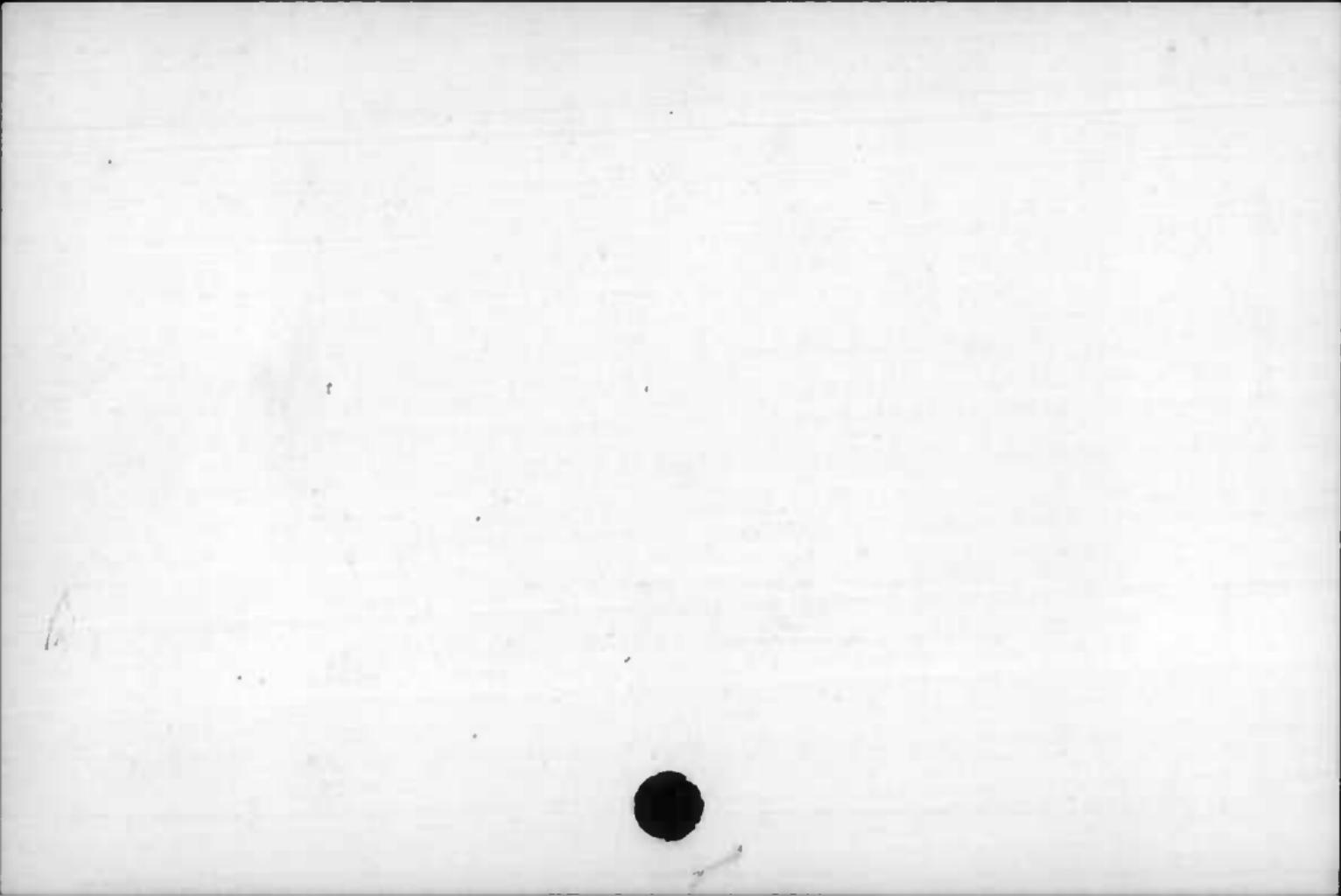
12 hrs

How long

Accident or Suicide?

57th Street

Tianna Md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Prosilla Connellee

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Hanover

Harchester

Date of death 190

Month

Day

Years

Months

Days

9 Aug 18

Age 85

Sex

Color or Race

Birth-place

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

John T Connellee

Father's
Name

William Jenkins

Father's
Birthplace

Va

Mother's
Maiden Name

Coat 2977

Mother's
Birthplace

Va

Name of person giving
Information

Geo. E. Fullard

How related
to deceased

Son in law

CAUSES OF DEATH

106

How long

1 year

How long

1 month

Primary

General Senility

Immediate

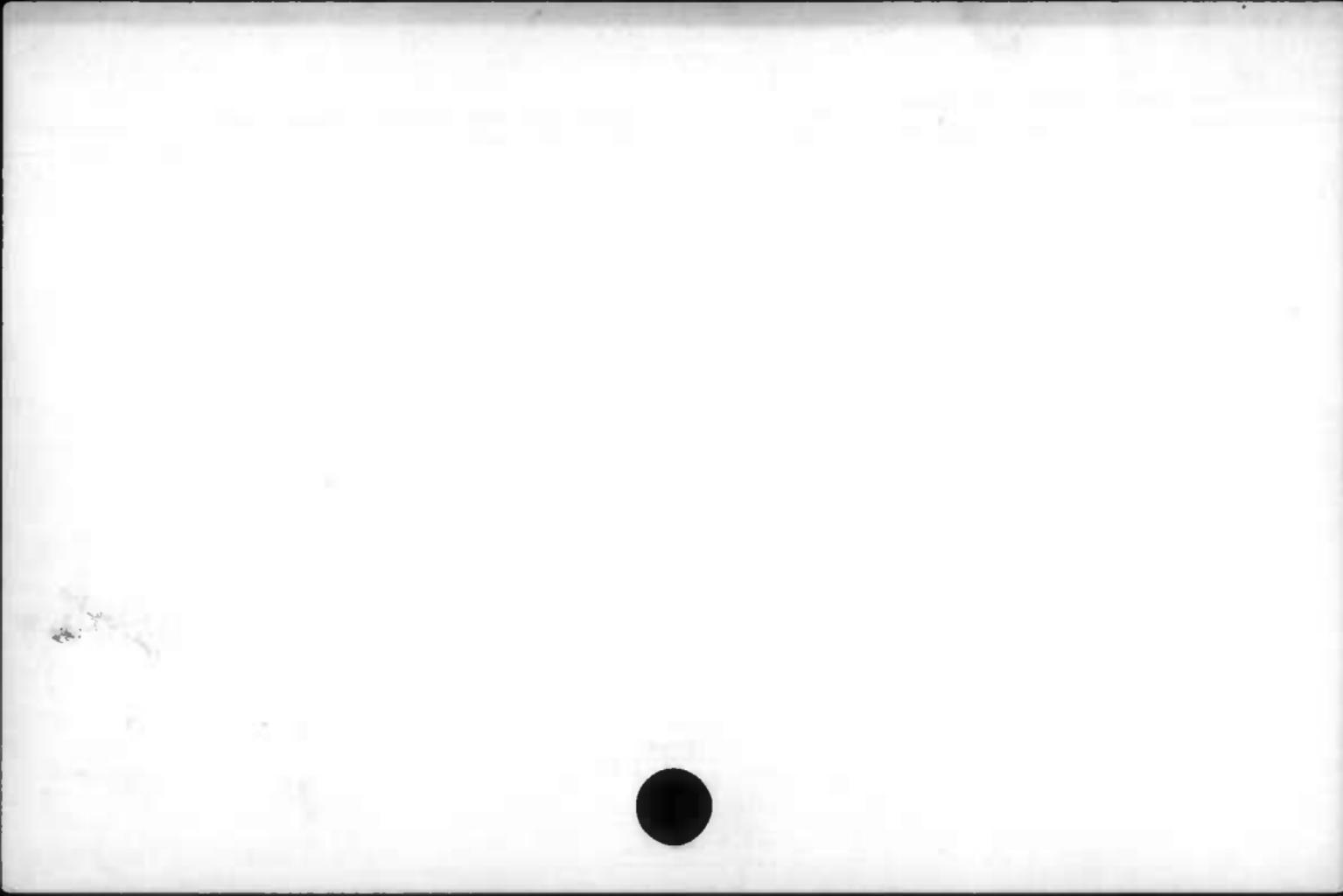
Paroxysm

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

Bertram E. Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u>		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1909 Aug. 18</u>	Month	Day	Years	Months	Days
Sex <u>Male</u>	Color or Race	Age <u>2</u>		Birth-place <u>Maryland</u>	
Occupation	Where Residing if not at place of death <u>Cambridge</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Marion X. Cook</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Maggie Fisher</u>	Mother's Birthplace				
Name of person giving information <u>Marion X. Cook</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Marasmus

Immediate Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. E. Wooff

Address
Cambridge, Md.

Accident or Suicide

Willis

151

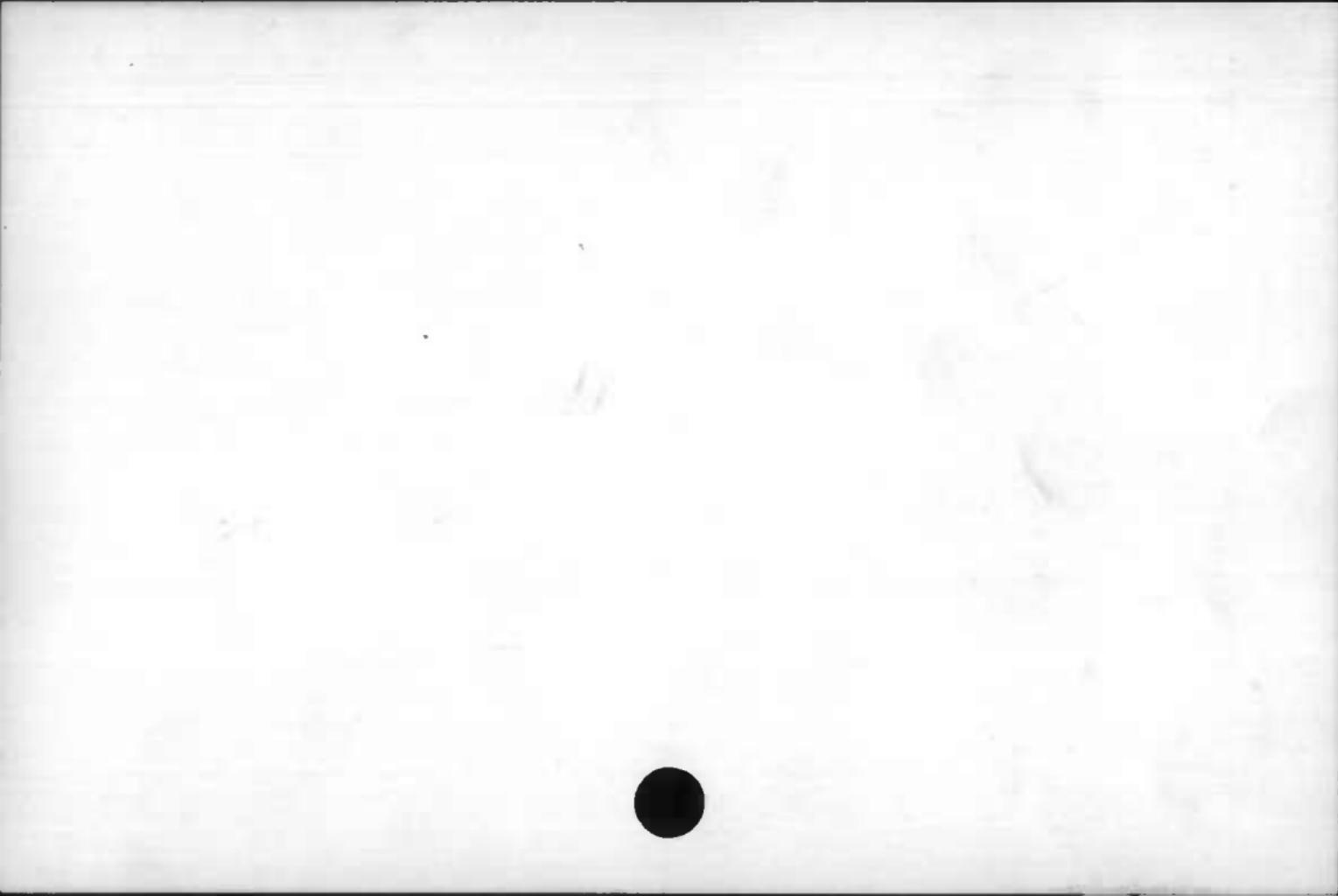
X

How long

6 weeks

How long

my start



Name
in
Full

Winnie Cornish

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Disd at	Cambridge		County	MARYLAND	
Date of death	Month	Day	Years	Monthe	Days
1909	Aug.	25	1	3	
Sex	Male	Color or Race	colored	Birth-place	Maryland
Occupation	None	Where Residing if not at place of death	Cambridge		
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	Maryland
Father's Name	Allen Cornish			Mother's Birthplace	
Mother's Maiden Name	Lizzie Parker			Name of person giving Information	How related to deceased
	Sarah Cornish			105	X

(Cholera infantum)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cecal Milk Infestation

Immediate Heart Failure

Are the name, age, sex, color, date and place correctly given above?

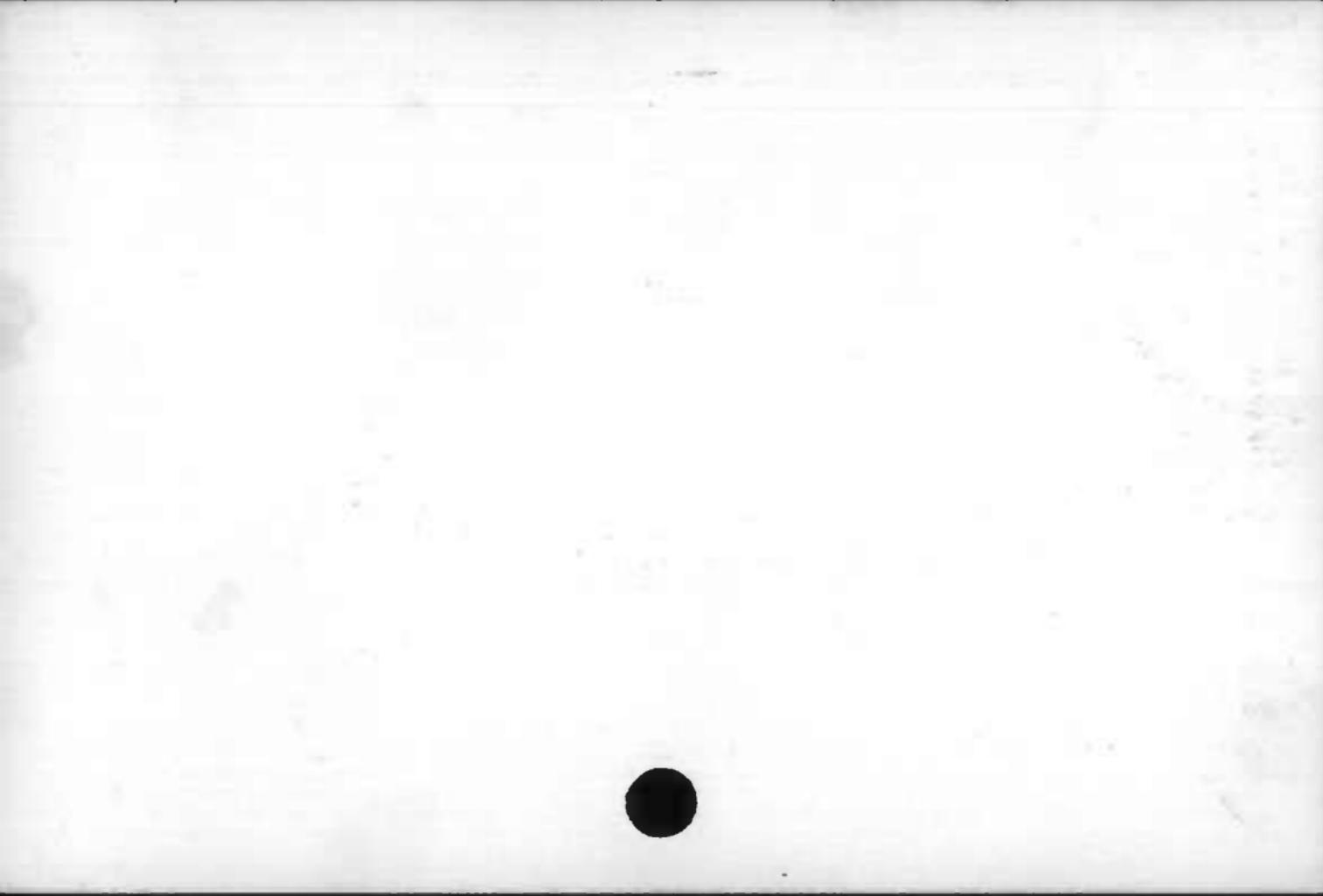
yes

Signature of Physician

Address

S.E. Wolff City H. O.
Cambridge, Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Bownell

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Mary Church Creek Winchester

Date

Month

Day

Years

Months

Days

of death 1909

Aug

22

Age

Sex

Female

Color or
Race

Black

Birth-
place

Winchester 90

Occupation

2

Where Residing if not
at place of death

Married, Single
or Widowed

✓

Name of Wife or
Husband

✓

Father's
Name

Mary Bownell

Father's
Birthplace

Winchester Co.

Mother's
Maiden Name

Sarah Harry

Mother's
Birthplace

Winchester 90

Name of person giving
Information

Jason Harry

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Long Tonsilits

101

X

How long

2 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

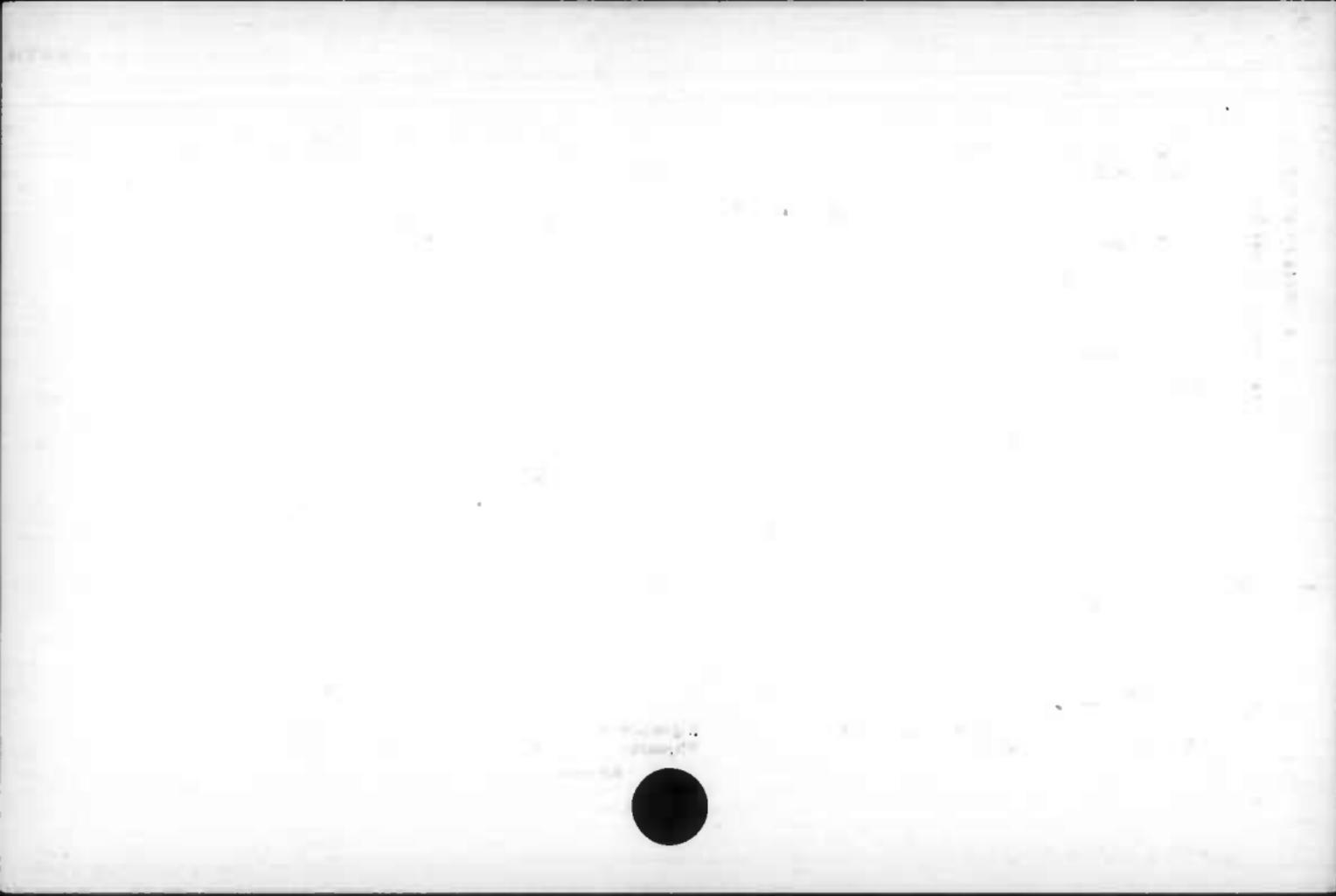
yes

Signature of
Physician

Address

McCarroll 7
Lancaster 54

Accident or Suicide



Name
in
Full

Robertta J. Crowell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month Aug.	Day 11	Years 65	Months	Days
Sex	Female	Color or Race	White	Birth-place	Philadelphia Pa.	
Occupation	Housewife		Where Residing if not at place of death	Cambridge Md.		
Married, Single or Widowed	Married	Name of Wife or Husband	J. W. Crowell			
Father's Name	Robert Jardine		Father's Birthplace	Philadelphia Pa.		
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	J. W. Crowell		How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Hemorrhage in L Ck Brain

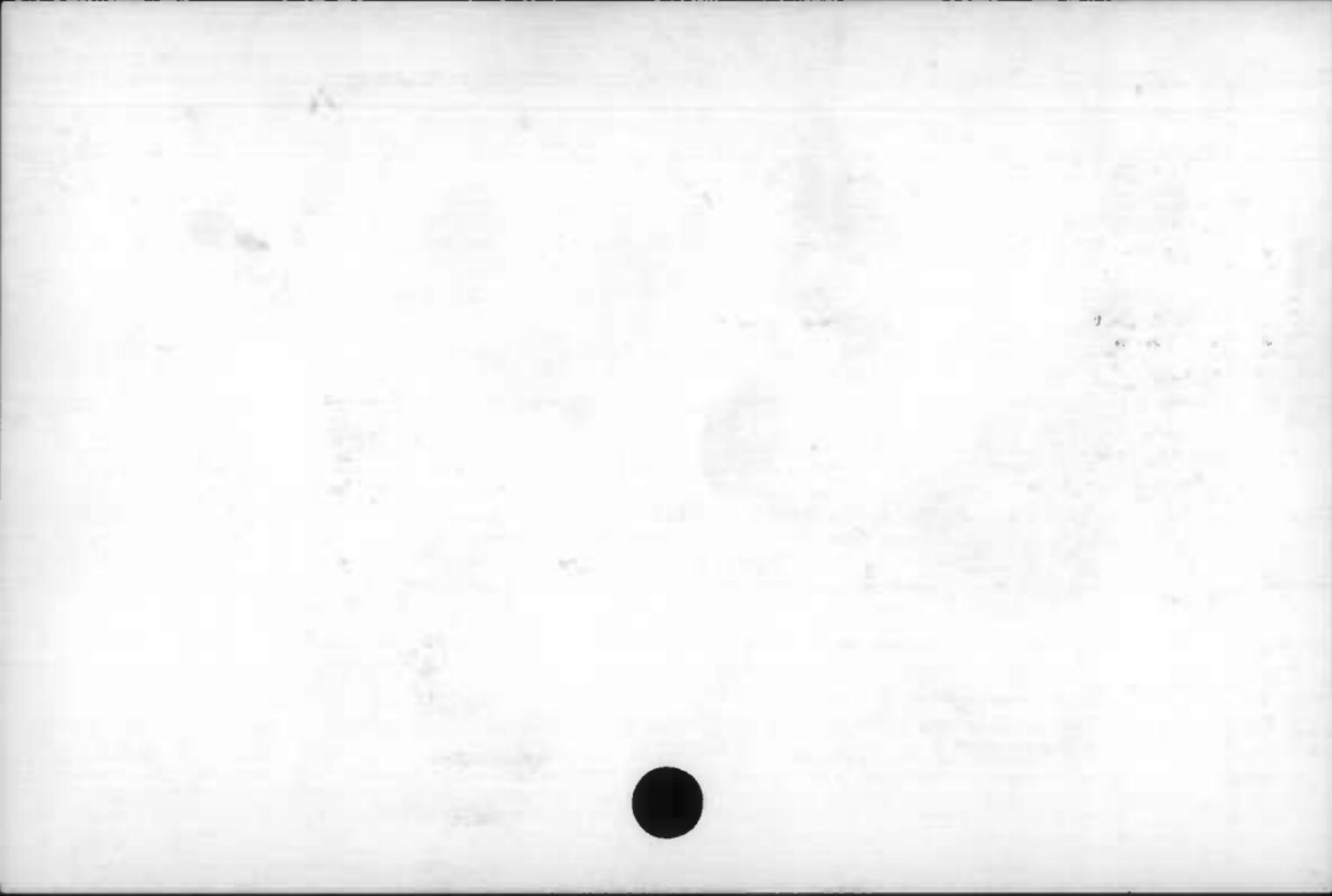
Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide

64
How long
nearly one week
How long
Some days
B. W. Golabovitch
Cambridge Md.



Name
in
Full

John Linus Duran

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge		County Dorchester	MARYLAND	
Date of death 1909	Month Aug	Day 7	Age 9	Months
Sex Male	Color or Race White	Birth-place Cambridge	Days	
Occupation -	Where residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband -			
Father's Name William J. Duran	Father's Birthplace Solomons Isb			
Mother's Maiden Name Nettie Blanche Duran	Mother's Birthplace Cambridge			
Name of person giving information	How related to deceased Parents			

CAUSES OF DEATH

PHYSICIAN
OR CDRNER

Primary

Moscaum

Immediate

Exhalation

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

179

How long

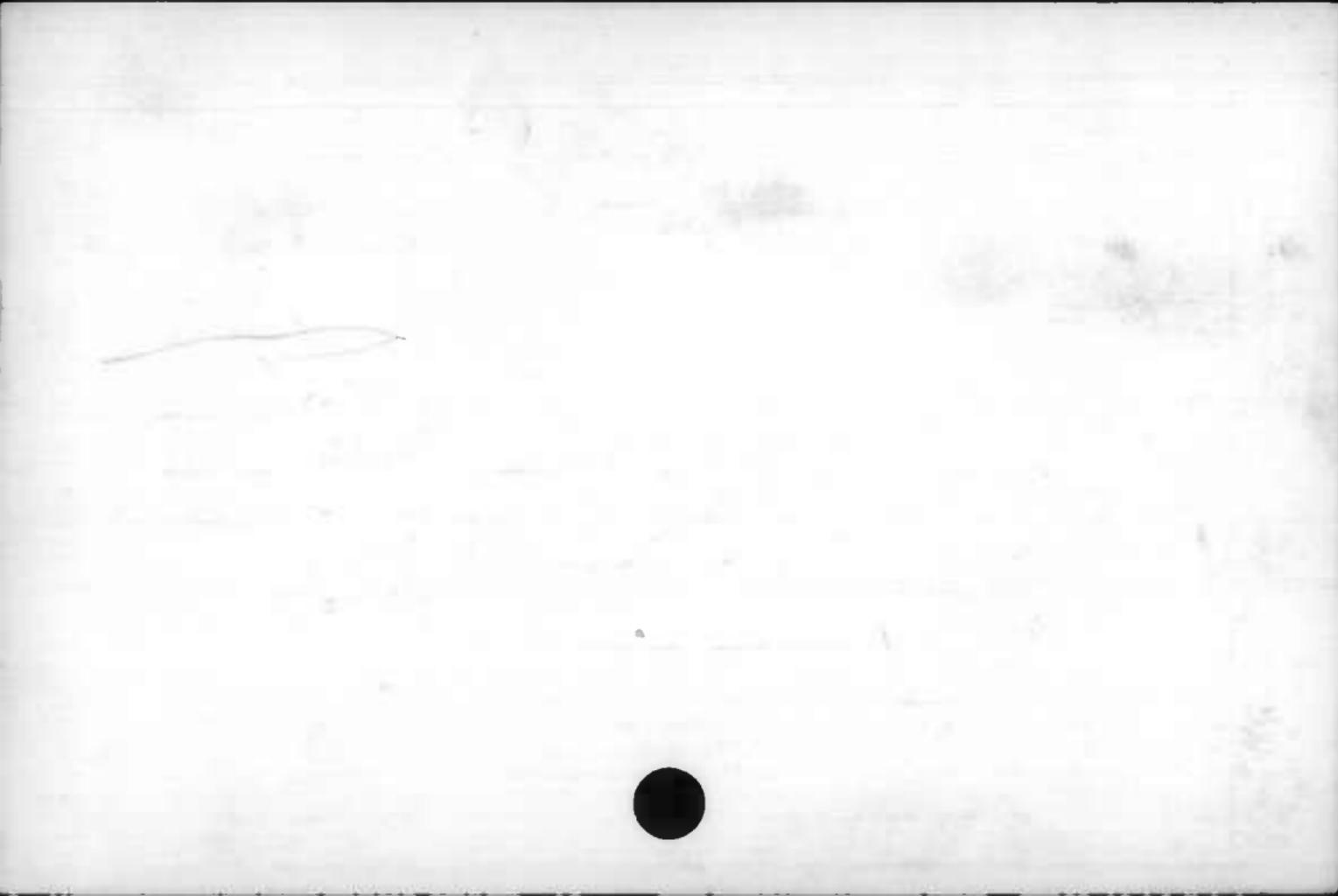
Can't say

How long

Shortly.

E. E. Wolff Health Officer
Cambridge, Md.

Accident or Suicide



Name
in
Full

Ella Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at near Cambridge, Md.		Dorchester			
Date of death	Month	Day	Years	Months	Days
1909	Aug.	18	—	45-	4
Sex	Female	Color or Race	Colored	Birth-place	Dorchester Co.,
Occupation	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed	Name of Wife or Husband <input checked="" type="checkbox"/>				
Father's Name	Father's Birthplace <input checked="" type="checkbox"/>				
Mother's Maiden Name	Mother's Birthplace <input checked="" type="checkbox"/>				
Name of person giving Information	How related to deceased <input checked="" type="checkbox"/>				

Auk Jackson

Annie Elizabeth Harris

John Harris

105

CAUSES OF DEATH

Primary

Enteritis

How long

three weeks

Immediate

Heart Failure

How long

20 minute

Are the name, age, sex, color, date and place correctly given above?

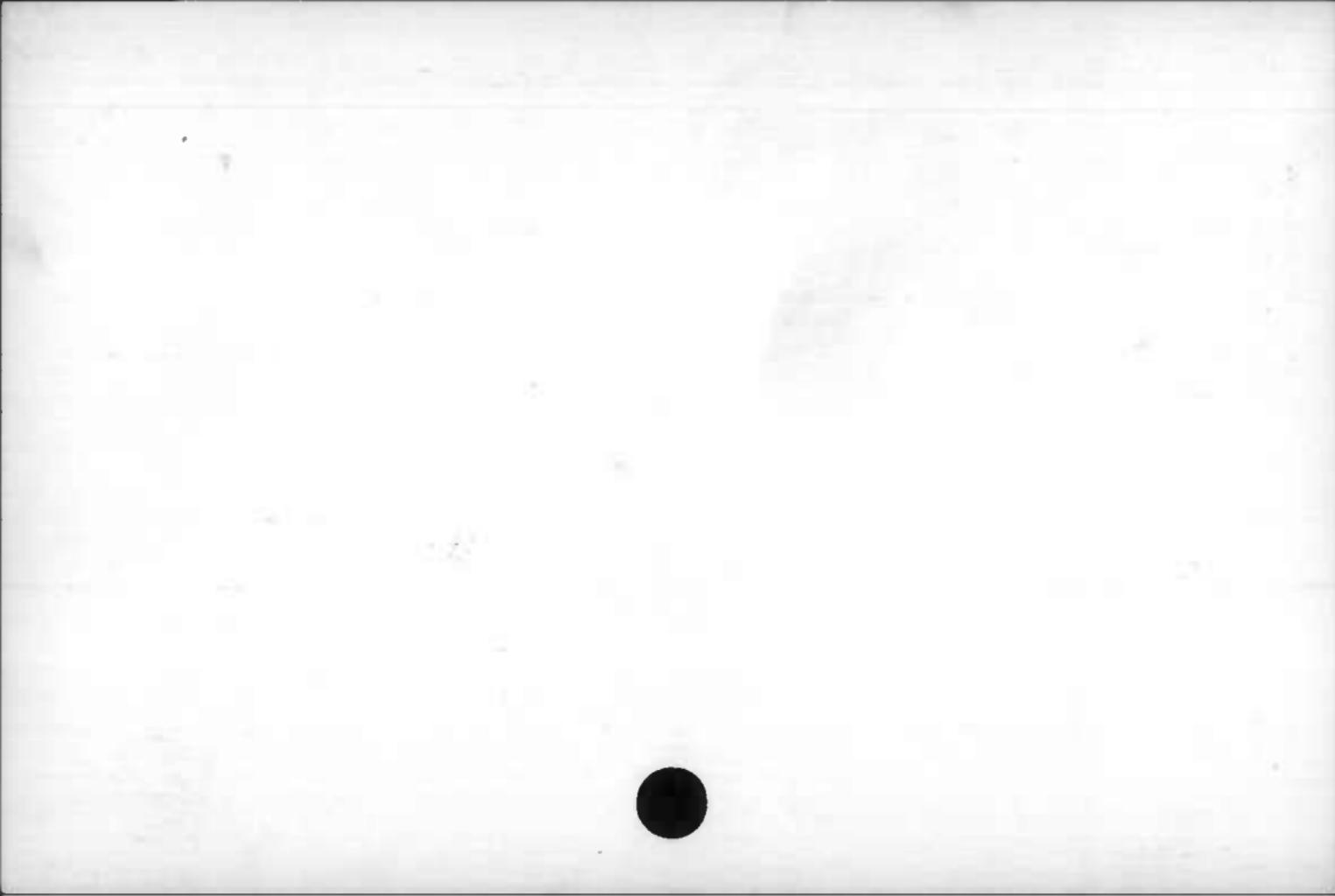
Yes

Signature of Physician

Address

Future Glasgow Md.
Cambridge Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Isaac E Henry,

Town

Died at

E. N. Market

County

Dorchester

MARYLAND

Month

Date
of death

1909

Aug.

9

Years

Age

17

Months

3

Days

18

Sex
Occupation

Male
Farmer

Color or
Race

White

Birth-
place

Dorchester

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

None

Father's
Name

W- Albert Henry.

Father's
Birthplace

Md

Mother's
Maiden Name

Mary E Marshall

Mother's
Birthplace

"

Name of person giving
Information

W W Meekins.

How related
to deceased

None

CAUSES OF DEATH

Primary

Tetanus, from nail wound in foot

5 days

Immediate

Coma, cardiac asthma

16 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

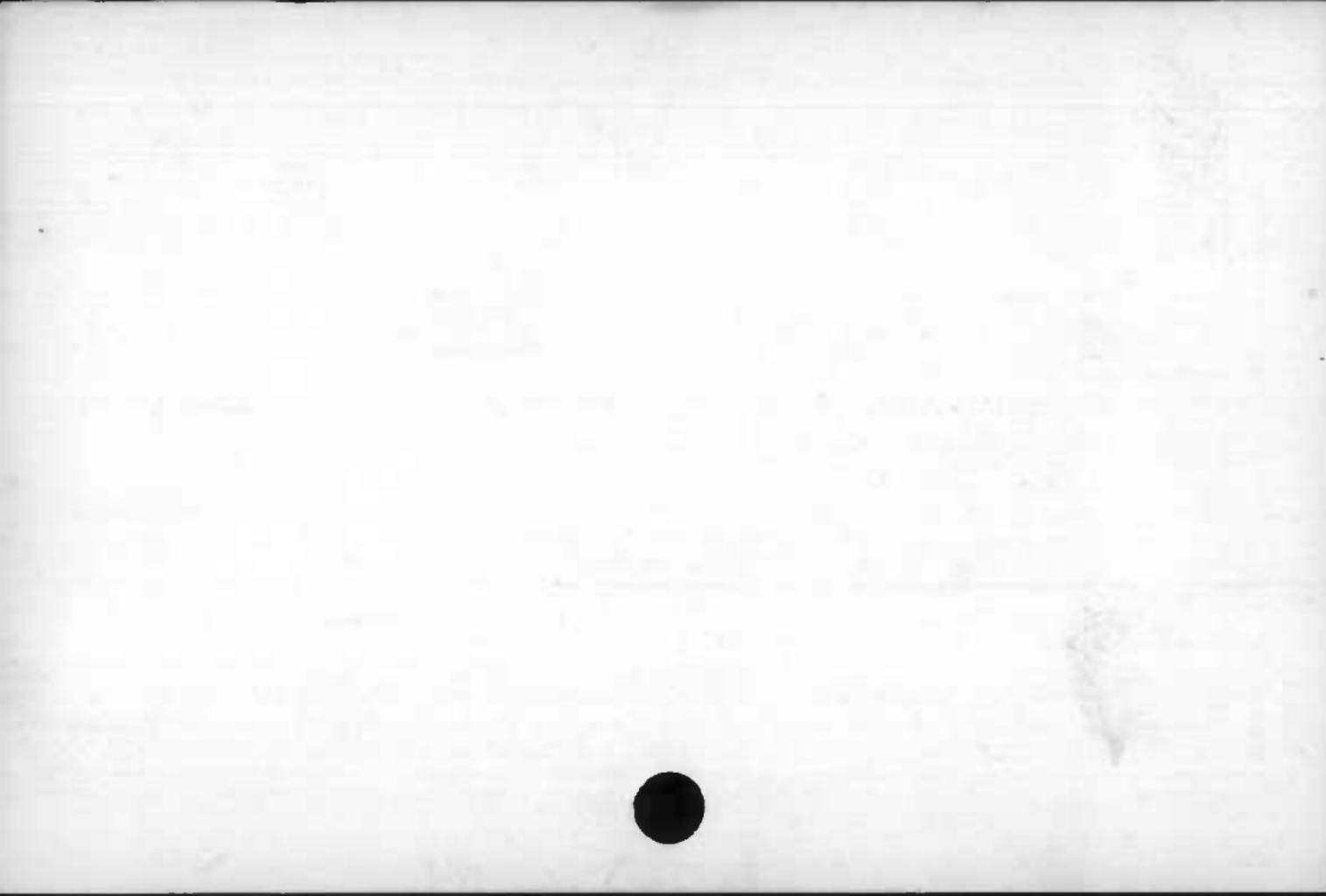
Edward L. Jones

Address

East New Market, Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph Henry
Secretary Dorchester

MARYLAND

Date of death 1909 Month 8 Day 29 Age 76 Years 4 Months 25 Days 25
Sex Male Color or Race White Birth-place Md

Occupation

Soldier Toy-steman

Where Residing if not
at place of death

Secretary

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Mary Etta Henry

Father's
Name

Cyrus Henry

Father's
Birthplace

Md

Mother's
Maiden Name

Sallie (Bollance unknown)

Mother's
Birthplace

Md

Name of person giving
Information

Jefferson D Henry

How related
to deceased

Son

CAUSES OF DEATH

120

X

How long

Primary

Oldage - Brights disease & mental degeneration 10 years

How long

Immediate

Wm. C. Coma & mania 10 days

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. W. D. Doherty L

Cost How Market

2nd

Accident or Suicide

St. Louis

April 26

Name
in
Full

Mary Elizabeth Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Wrights Town

Month Day

County

Years

MARYLAND

Months Days

Date of death 1909 Aug 18 Age —

Sex Female Color or Race white

Occupation infant

Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband none

Father's Name James Hie

Mother's Maiden Name Lydia Robbins

Name of person giving Information James Hie

Father's Birthplace Md

Mother's Birthplace Md

How related to deceased Father

105

How long X

36 hrs

How long

Primary Cholera dysentery

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

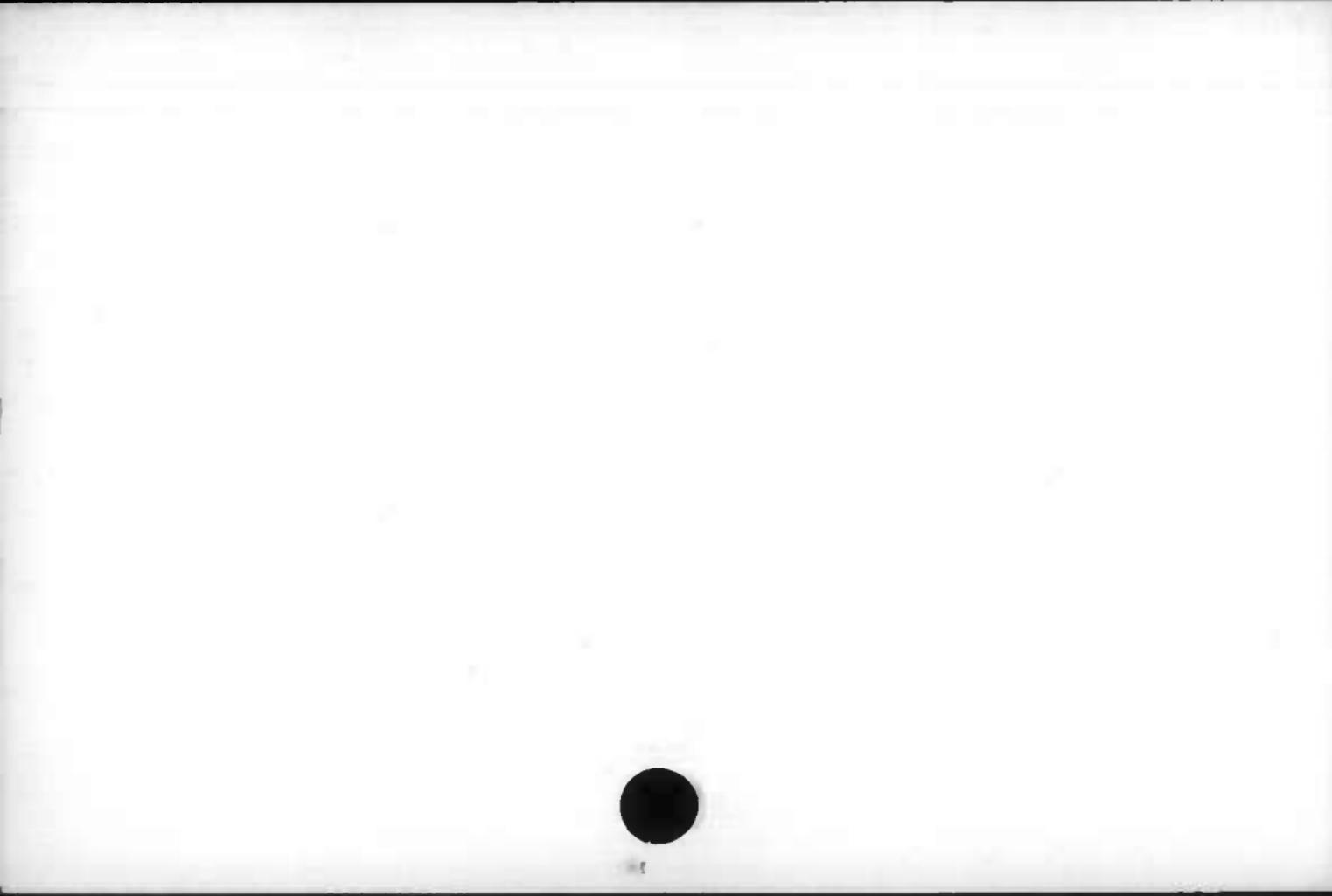
S. A. Stokes

Cornersville

Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Weldon Lee - His

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Secretary Town Dorchester County MARYLAND
Date of death 1909 Month 8 Day 26 Years 0 Months 6 Days 13
Sex Male Color or Race White Birthplace Md
Occupation Confectioner Where Residing if not at place of death Secretary
Married, Single or Widowed Single Name of Wife or Husband None
Father's Name Charles L. Hays Father's Birthplace Md
Mother's Maiden Name Mary Bradshaw Mother's Birthplace Md
Name of person giving information W. R. Hays How related to deceased 61
Grandson

CAUSES OF DEATH

Primary

Cerebral spinal meningitis

61

How long

9 days

Immediate

Broncho Pneumonia

48 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

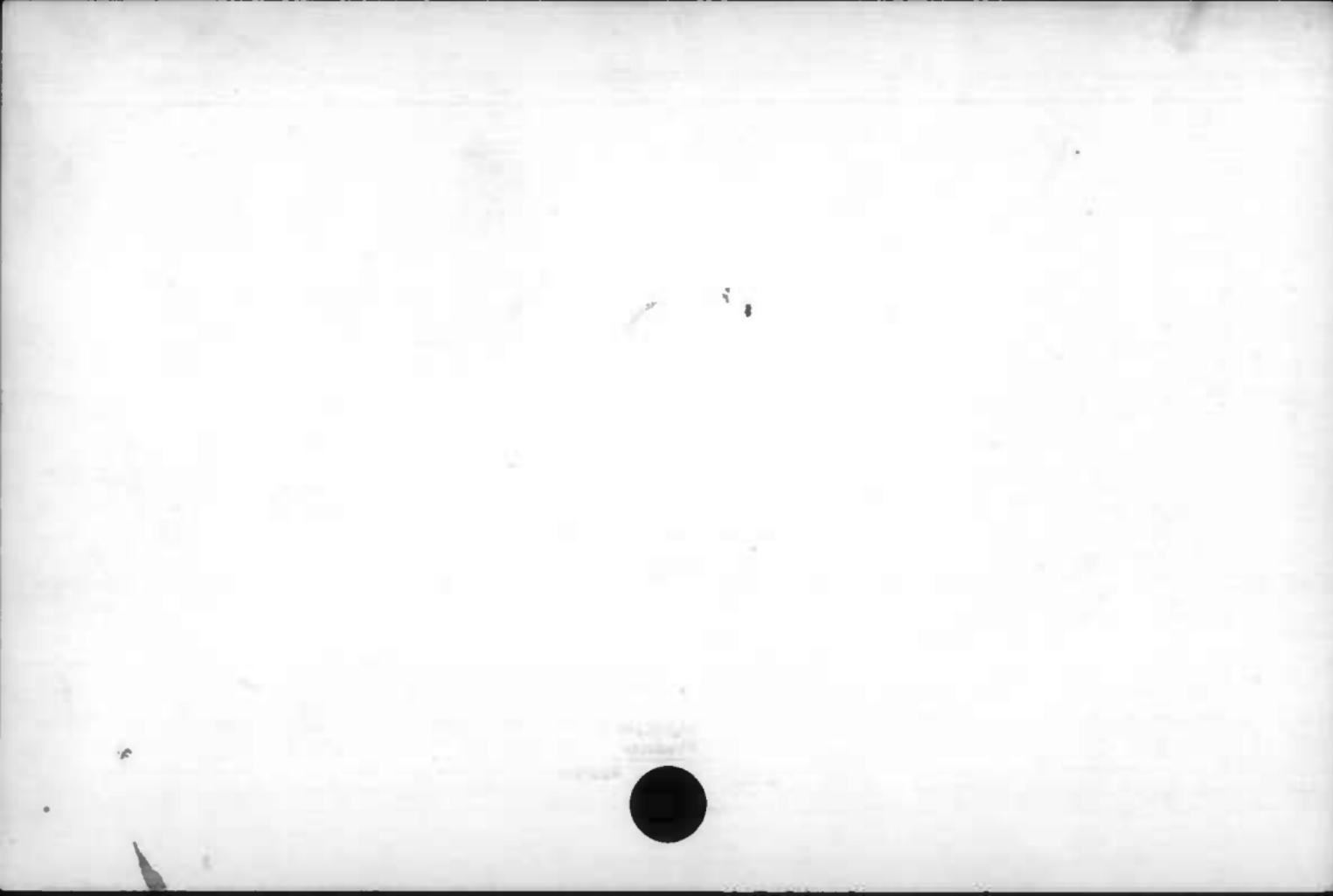
Signature of Physician

Address

NO Post Office
East New Market

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Infant, Holliday

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Date
of death

1909

Month

aug

Day

8

County

Der

MARYLAND

Months

3 weeks

Days

Years

Age

Sex

male

Color or
Race

Colored

Birth-
place

nd

"

Where Residing if not
at place of death.

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

unknown

Father's
Birthplace

unknown

Mother's
Maiden Name

Ellay Holliday

Mother's
Birthplace

nd

Name of person giving
Information

Burge Holliday

How related
to deceased

grand father

Primary

unknown

CAUSES OF DEATH

179

How long

X

How long

attorney

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

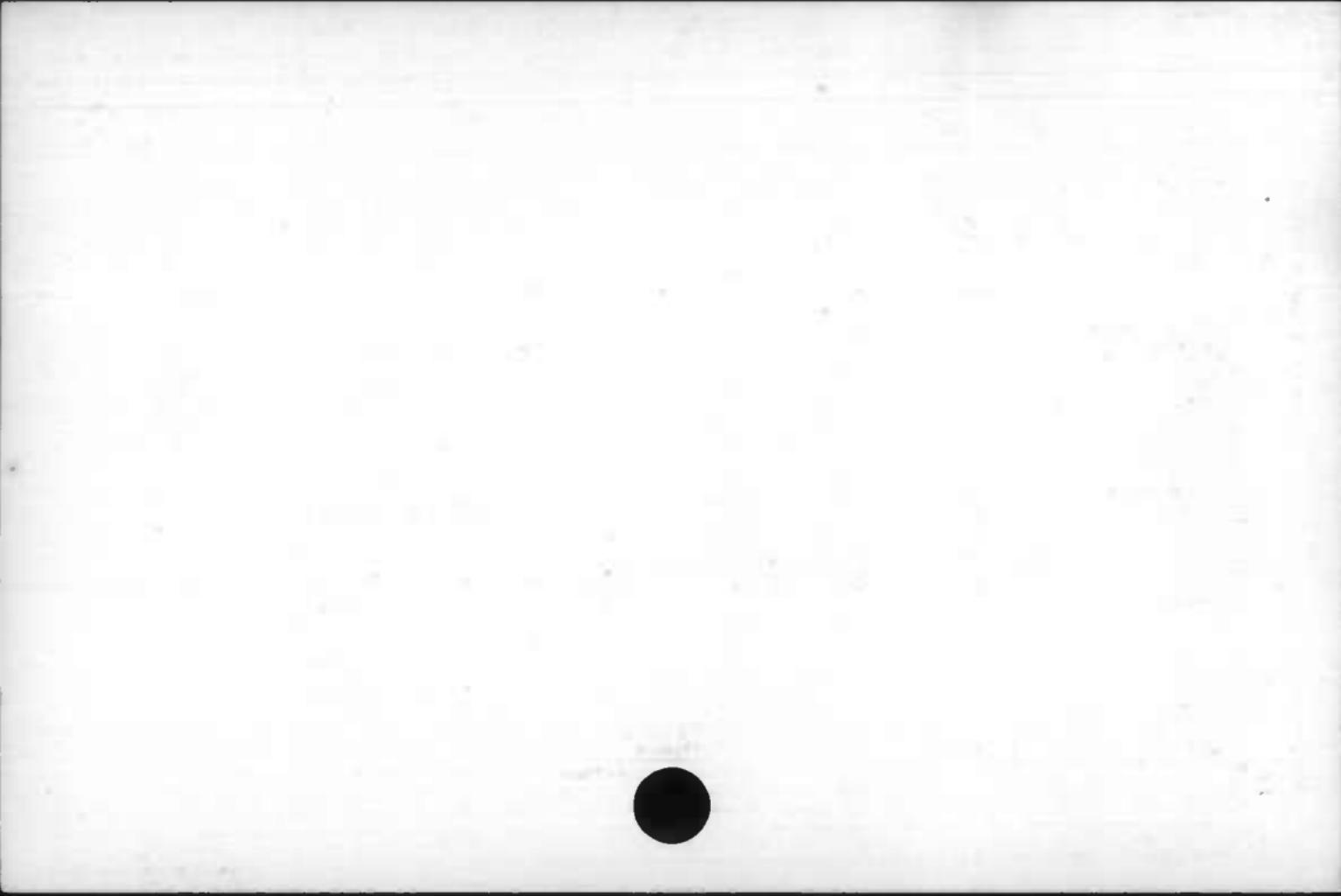
Signature of
Physician

Address

none in attendance
Robert L Hastings
Local Register

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

William M. Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Baltimore Town Darlington County MARYLAND
Date of death 1909 Month Aug Day 28 Years 53 Month — Days —
Sex Male Color or Race White Birth-place Maryland
Occupation Waterman Where Residing if not at place of death Baltimore Md
Married, Single or Widowed Married Name of Wife or Husband Elizabeth E. Hughes
Father's Name Bazilla Hughes Father's Birthplace Md
Mother's Maiden Name Susan Todd Mother's Birthplace ..
Name of person giving Information W. M. Hughes How related to deceased Brother

CAUSES OF DEATH

29

Primary Intestinal Tuberculosis

How long 5 years

Immediate Gradual Effacement

Are the name, age, sex, color, date and place correctly given above?

Yrs

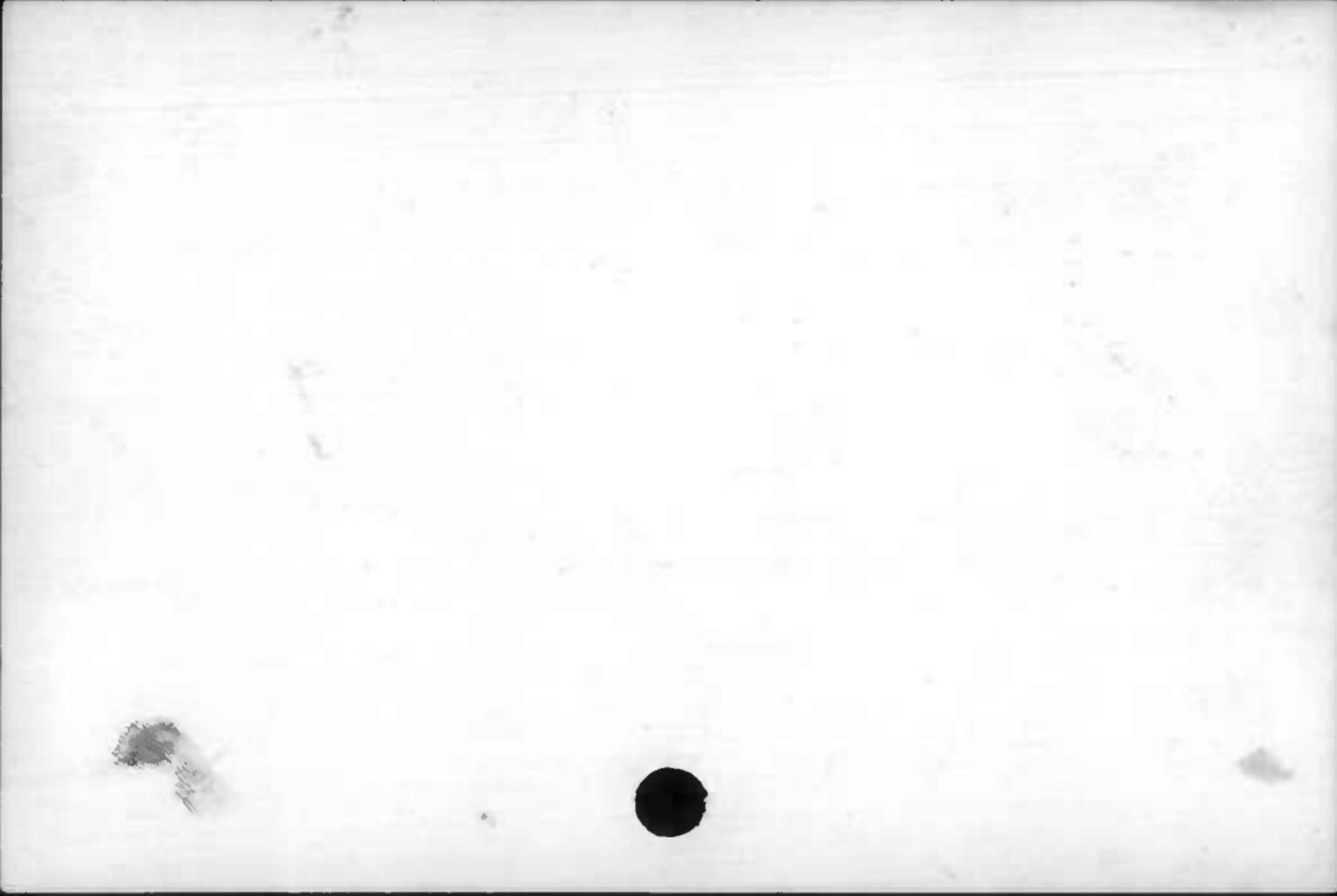
Signature of Physician

Address

Henry Steele
Cambridge Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Sona Jackson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Cambridge		County Dorchester		MARYLAND	
Date of death 1909	Month Aug.	Day 8	Years 1	Months	Days 18
Sex Female	Color or Race	Where Residing if not at place of death Cambridge			
Occupation	Maryland				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Robert Jackson				
Mother's Maiden Name	Henrietta Stanley				
Name of person giving Information	Henrietta Jackson				

CAUSES OF DEATH

175

Primary

Cholera Infantum

1 week.

Immediate

Opium poisoning from Teething Syr.

10 lbs.

Are the name, age, sex, color, date and place correctly given above?

yes

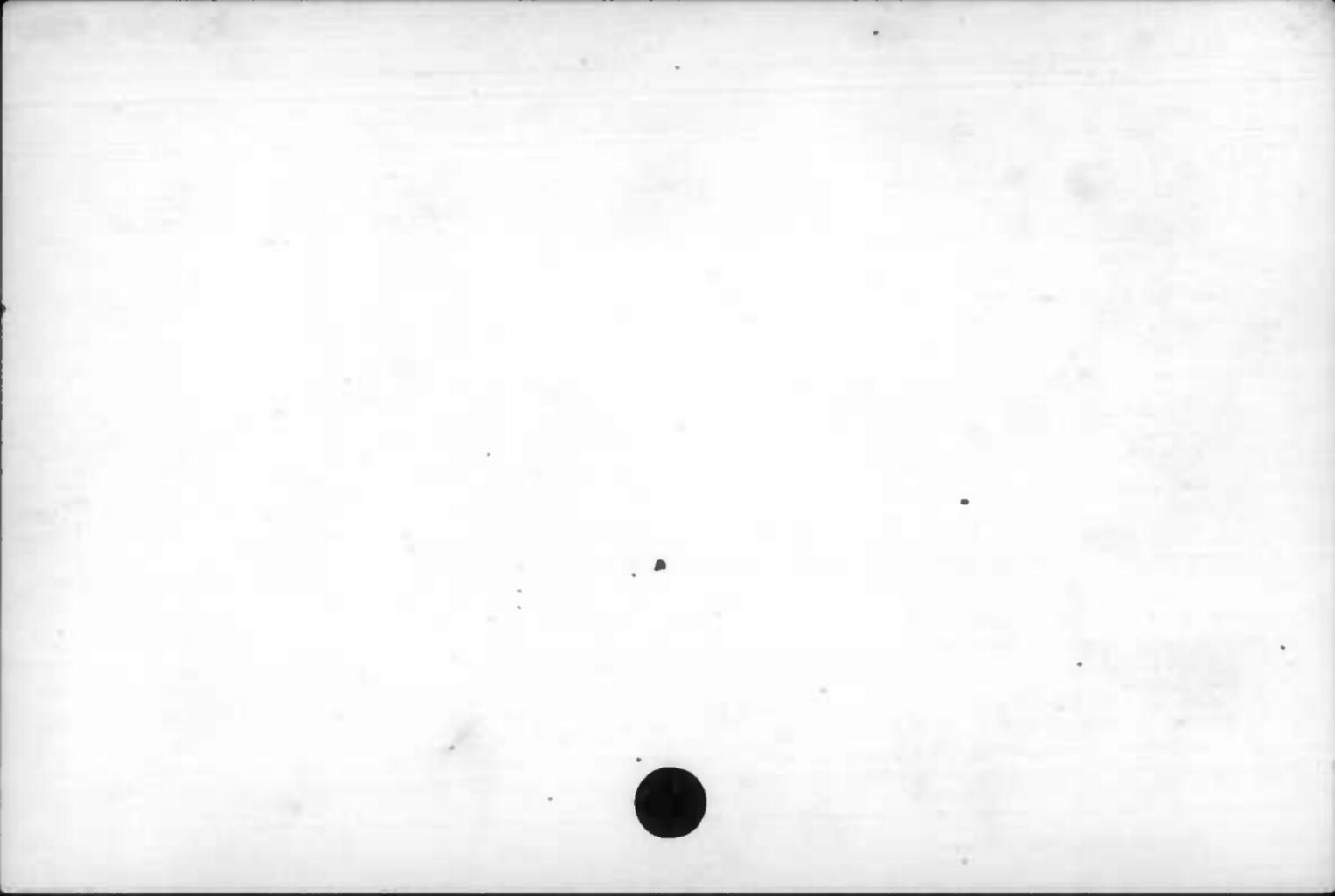
Signature of Physician

E. E. Wolff

Address

Cambridge, Md

Accident of Suicide



Name
in
Full

Samuel Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at East New Market - Dorchester MARYLAND
Month Montha
Date of death 1909 Month 8 Day 26 Years 65 Montha Daya

Sax Male

Color or
Race

Color
Labor

Birth-
place

Dorchester

Occupation

Labover

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Don't know

Father's
Birthplace

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Name of person giving
Information

Clara Young

How related
to deceased

Son Law

CAUSES OF DEATH

Primary

Chronic Dysentery

14

X

How long

Five weeks

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

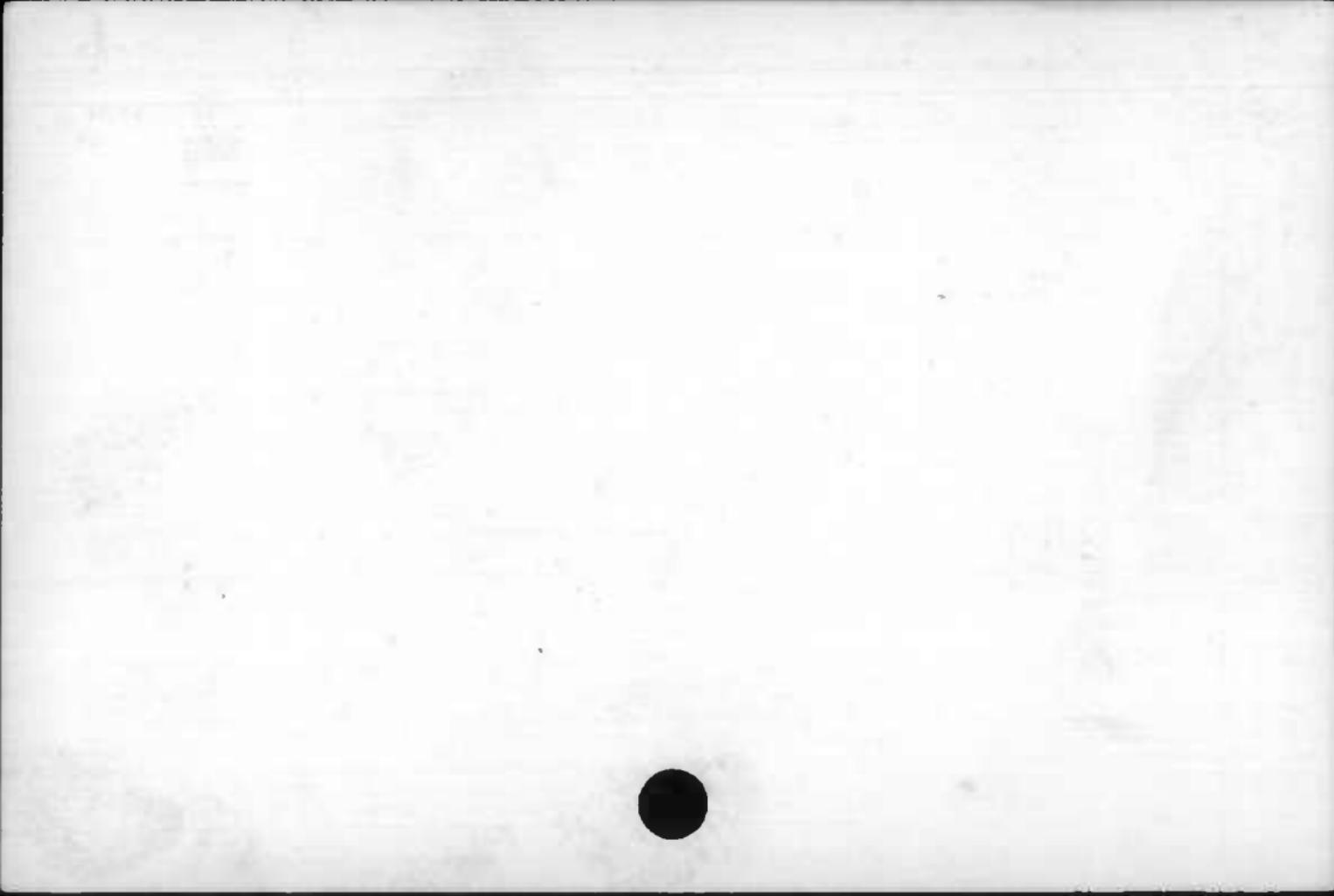
Address

H. F. Nichols, M.D.

E. New Market
Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Reginald C. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Madison Town Dorchester County
Date of death 1909 Month Day Years Months Days
Age 3 10 0
Sex Male Color or Race white Birth-place Madison Md-
Occupation None Where Residing if not at place of death
Married, Single or Widowed Child. Name of Wife or Husband
Father's Name Birdie C. Jones Father's Birthplace Dr. C. Md
Mother's Maiden Name Addie Fregar Mother's Birthplace Dr. C. Md
Name of person giving Information Birdie C. Jones How related to deceased Father
Primary Cause of Death Typhoid fever

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever

1

Immediate

X

about 16 days

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Address

B. L. Smith M.D.

Accident or Suicide



Name
in
Full

Annie Lankford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Cambridge	Dorchester	Month	Days
Date of death	1909	Month	Aug. 23	Day
Age	1	Years	3	Months
Sex	female	Color or Race	colored	Days
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	Henry Lankford			
Mother's Maiden Name	Lizzie Camper			
Name of person giving Information	Henry Lankford			
CAUSES OF DEATH				
Primary	Gastric Enteritis			
Immediate	Diphtheria			

PHYSICIAN
OR CORONER

105

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

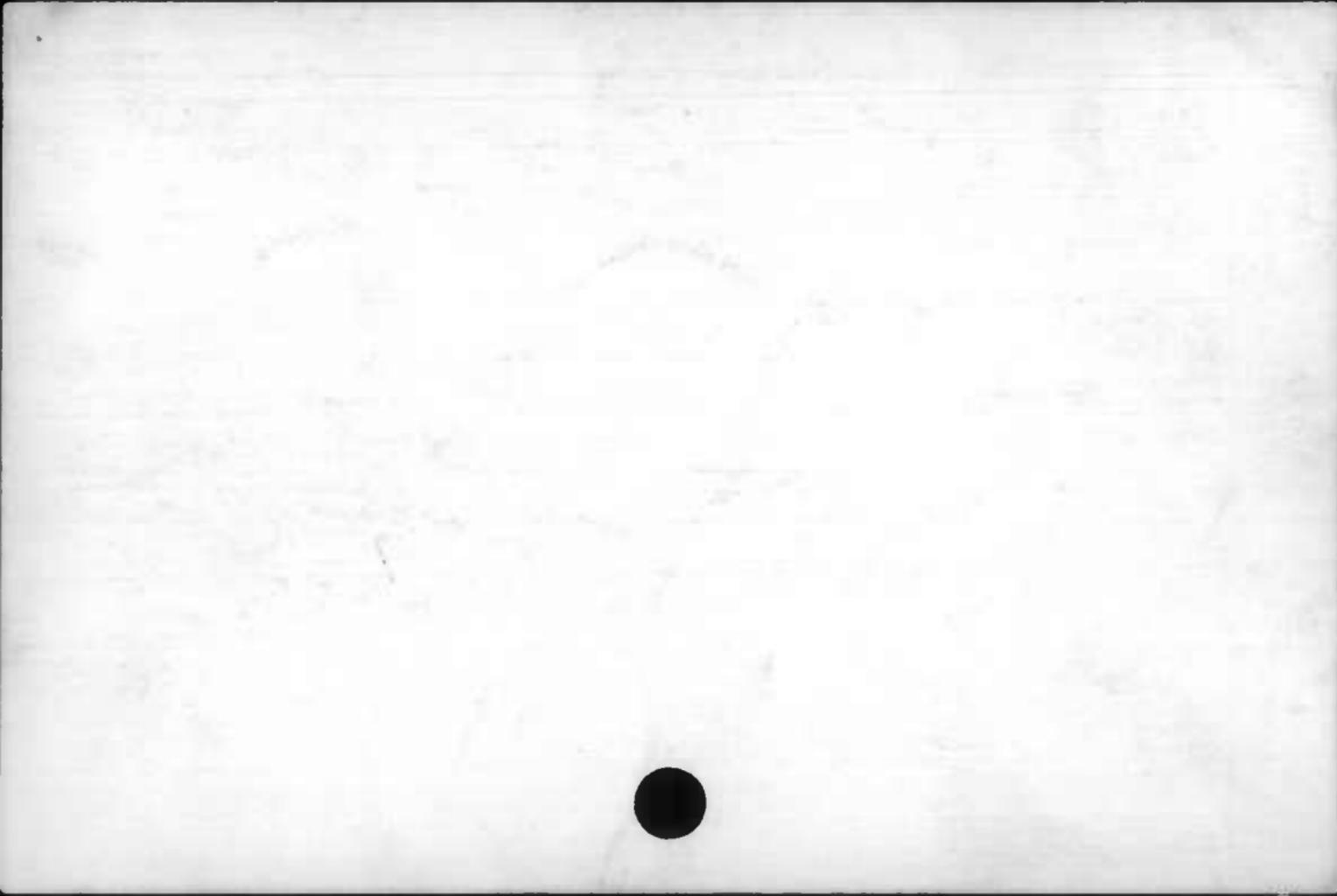
Signature of Physician

Address

H P Reynolds M.D.
Cambridge, Md.

Accident or Suicide

L + H



Name
in
Full

Charles McElvaine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Sarah H. McElvaine	
Father's Name	Abraham McElvaine		
Mother's Maiden Name	Harrie McElvane		
Name of person giving Information	Edith Moelling		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Alten - Sclerosis

Immediate

Convulsions

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. Golabough
Cawley & Mol

Accident or Suicide

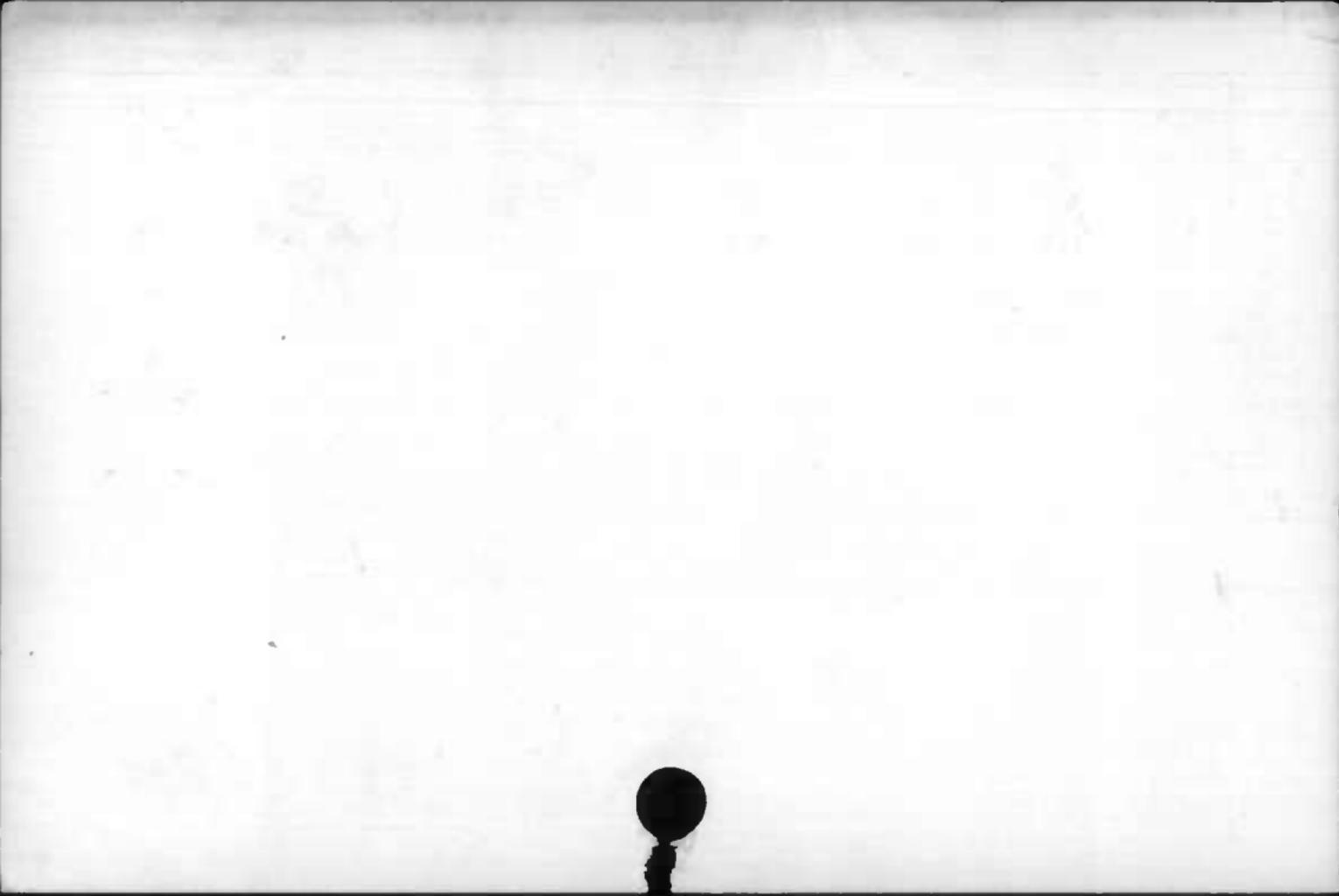
81 X

How long

Some months

How long

Some hours



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James W. Marine

CERTIFICATE OF DEATH

MARYLAND

Town

Died at

Salisbury

County

Dorchester

Date
of death

Month

Day

25

Age

Years

5

Month

Days

2

18

Sex

Male

Color or
Race

White

Birth-
place

Dorchester

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Geo Marine

Father's
Birthplace

Dorchester

Mother's
Maiden Name

Margretta Holder

Mother's
Birthplace

Dorchester

Name of person giving
Information

Geo Marine

How related
to deceased

Father

CAUSES OF DEATH

Primary

61

X

How long

Immediate

Meningitis

How long

8 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

E R Oster

Salisbury
Md

Accident or Suicide



Name
in
Full

Helen Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lloyds Town
Date of death 1909 Month Aug Day 4
Sex Female Color or Race white
Occupation infant
Married, Single Name of Wife or Husband none
Father's Name Randolph Moore
Mother's Maiden Name Sadie Spedden
Name of person giving Information H. H. Meathley

MARYLAND
Months Daya

Birth-place Lloyds Md

Father's Birthplace Md
Mother's Birthplace Md
How related to deceased none

By fee or lot CAUSES OF DEATH
Primary Erysipelas involved foot & leg
Immediate Bronchitis - pneumonia
Are the name, age, sex, color, date
and place correctly given above? Yes
Signature of Physician S. A. Stokes
Address 6 Cornerside
Accident or Suicide

18 X

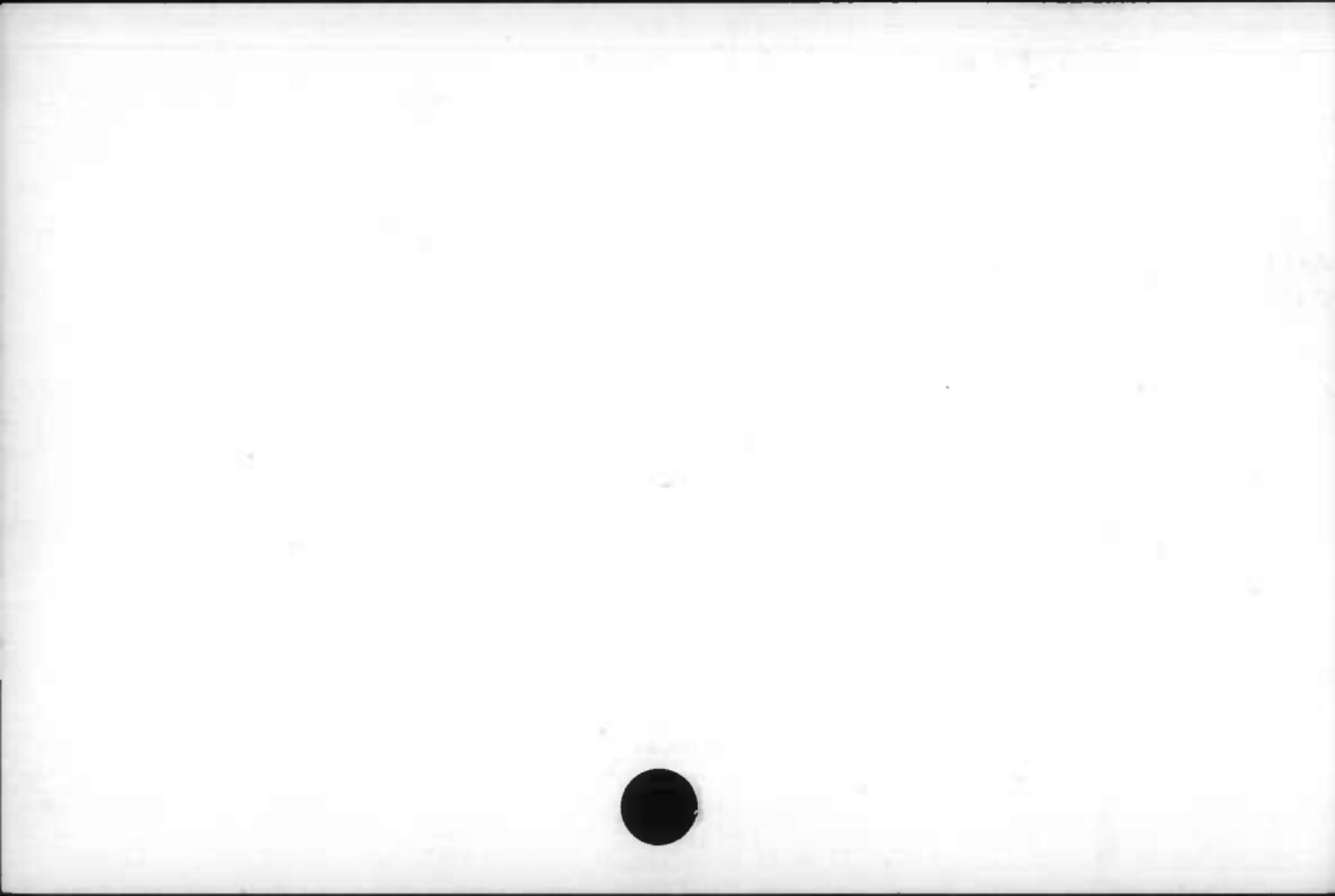
How long

2 weeks

How long

4 days

OFFICE SUPPLY CO., 2284



Name
in
Full

Mildred E Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died et Date of death		Town Month	County	MARYLAND		
1909 Aug 16		Cambridge	Dorchester Co	Month	Days	
Age		Years		11	5	
Sax	Female	Color or Race	White	Birth-place	Cambridge	
Occupation	Baby	Where Residing if not at place of death			Cambridge	
Married, Single or Widowed	Sing	Name of Wife or Husband				
Father's Name	Wm E Moore				Father's Birthplace	Lakesville
Mother's Maiden Name	Laura Miller				Mother's Birthplace	Lakesville
Name of person giving Information	Wm E Moore				How related to deceased	Lakesville

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enter- Colitis

105

X

7 days

How long

Several days

Immediate Acute Nephritis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

E. E. Waldf
Cambridge, Md

Accident or Suicide



Name
in
Full

James F Palmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town
Died at
County
Date of death
Month
Day
Years
Age
Sex
Color or
Race
Occupation
Where Residing if not
at place of death
Married, Single
or Widowed
Name of Wife or
Husband
Father's
Name
James Palmer
Mother's
Maiden Name
Don't Know
Name of person giving
Information
Elizabeth Brooks
Birth-place
Taylors Island
Cambridge

Father's
Birthplace
Don't Know
Mother's
Birthplace
" " "
How related
to deceased
Niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of liver

44

X

How long

Don't Know

Immediate

Death from slow inings

How long

Don't Know

Are the name, age, sex, color, date
and place correctly given above?

yes

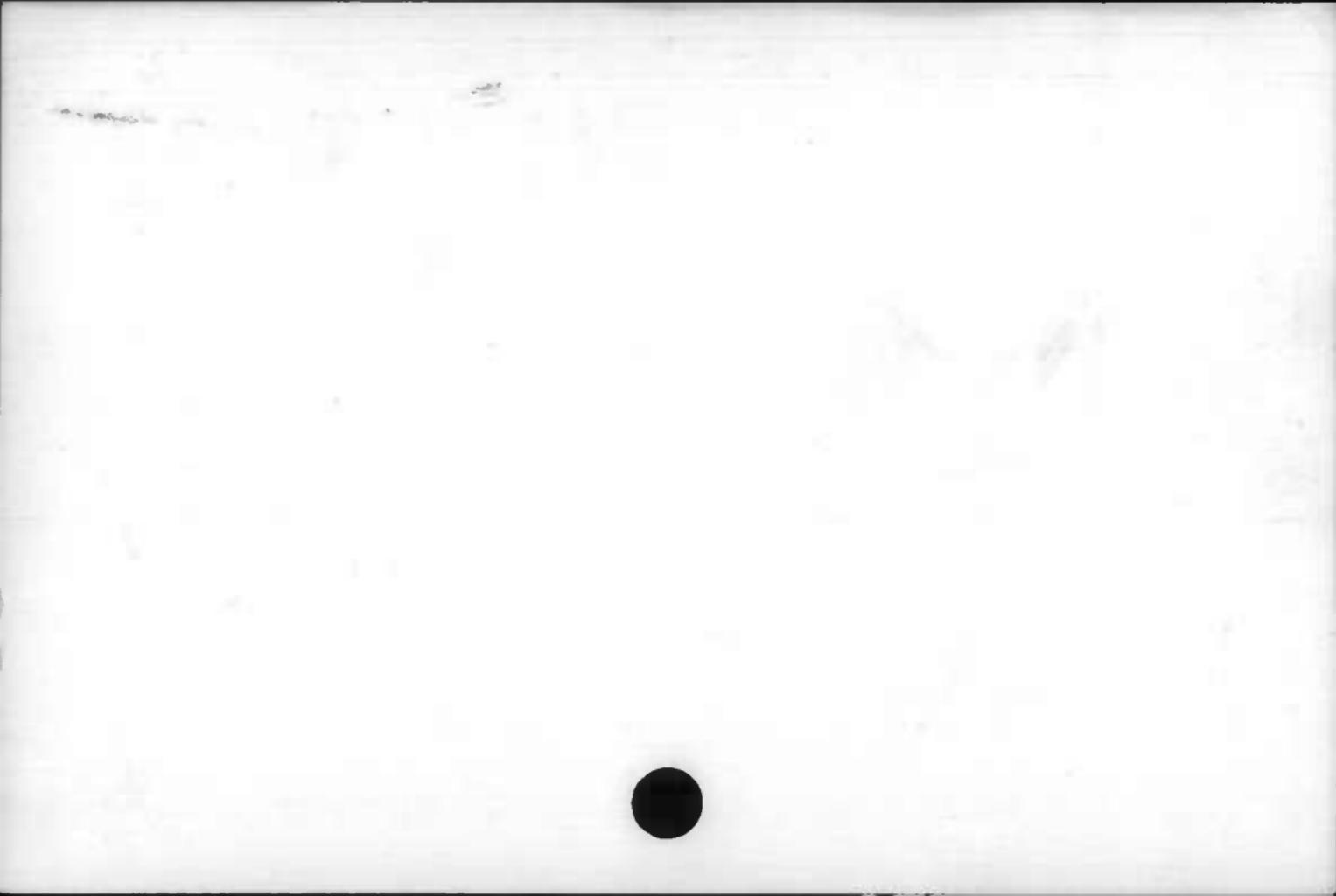
Signature of
Physician

Address

John Green

Cambridge Md.

Accident or Suicide



Thomas Howard Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Eldorado	Orchestr					
Date of death	1909	Month Aug	Day 24	Years 40	Months	Days	
Sex	male	Color or Race	white	Age	Birth-place	Orchestr Co	
Married, Single or Widowed	Married		Occupation	Farmer			
Name of Wife or Husband	Annie S Payne						
Father's Name	Edward H Payne		Father's Birthplace	Orchestr Co			
Mother's Maiden Name	Sarah E Mora		Mother's Birthplace	Orchestr			
Name of person giving Information	Edward H Payne		How related to deceased	Father			

CAUSES OF DEATH

27

X

PHYSICIAN
OR CORONER

Primary

Tuberculosis' Pulmonary

How long

Immediate

Hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

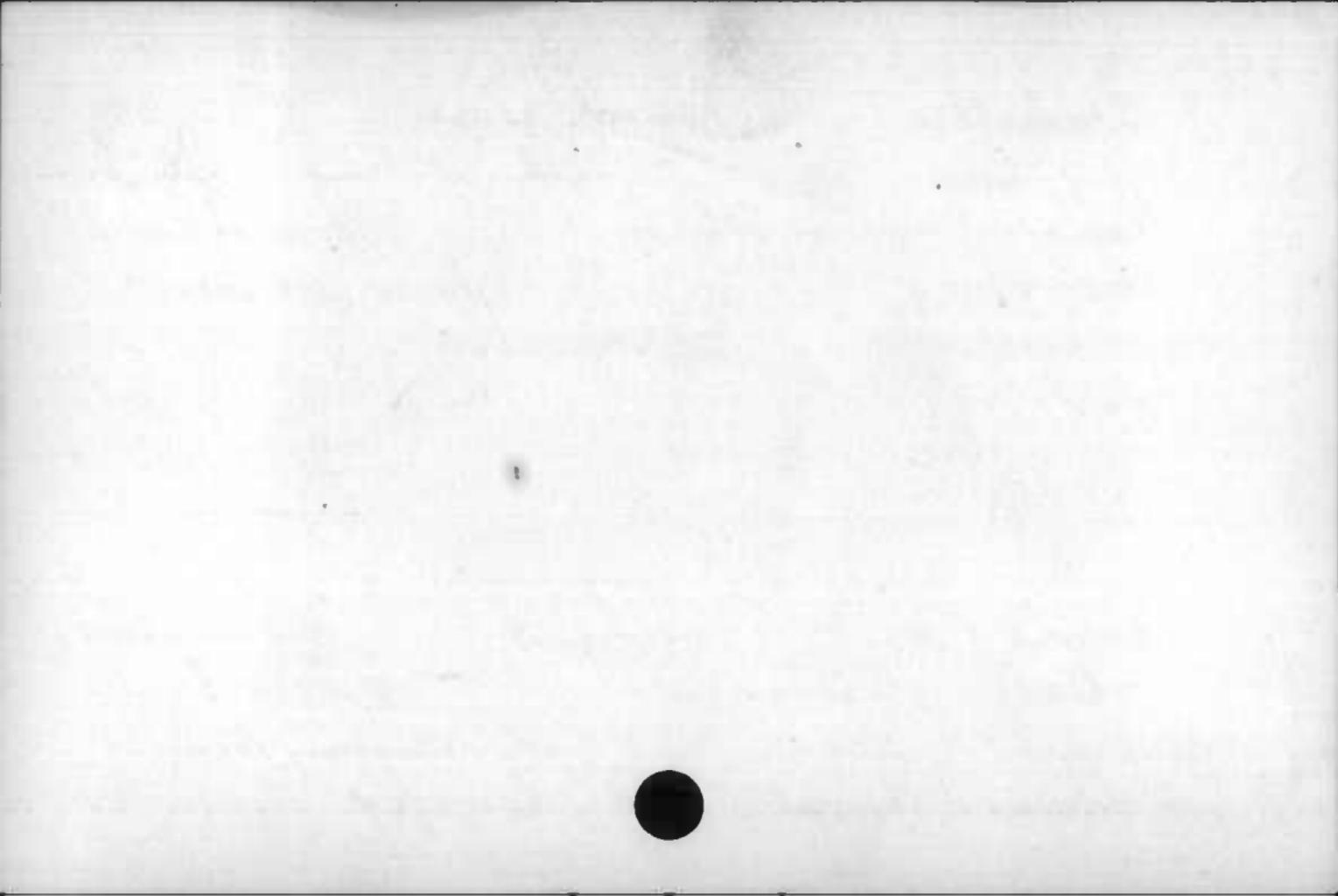
Yes

Signature of Physician

Address

E. L. Fleming
Harlock

Accident or Suicide?



Name
in
Full

Ogby Cranston Robison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Toddville

Town

Date of death 1909 Aug

Month

Day

Years

Months

Days

Dorchester

County

Sex Male

Color or Race

White

Occupation

Schoolboy

Where Residing if not
at place of death

Died at home

Married, Single
or Widowed

Single

Name of Wife or
Husband

Not married

Father's Name

Wm. J. L. Robison

Father's
Name

Toddville, Md

Mother's
Maiden Name

Laura C. Ogby

Mother's
Name

Toddville, Md

Name of person giving
Information

W. J. L. Robison

How related
to deceased

Father

CAUSES OF DEATH

Primary

Otitis Media, Purulent

Immediate

Cerebral Abscess

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

J. M. White, M.D.

Address

600 Main St.
Dorchester Co. Md

PHYSICIAN
OR CORONER

so far as I know

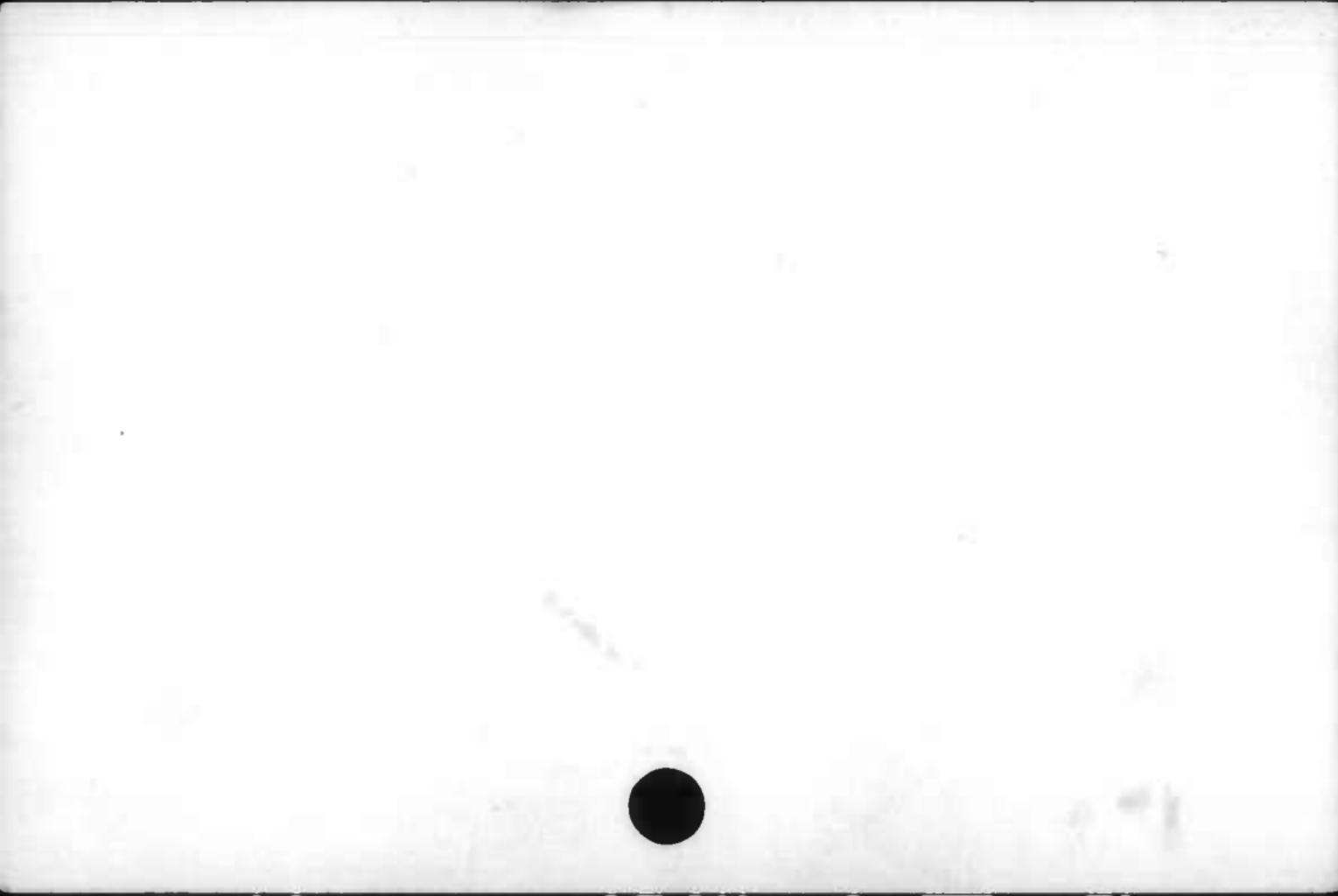
Accident or Suicide

76

X

6 months

10 days?



Name
in
Full

Mary E Ruark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	CERTIFICATE OF DEATH		
Cambridge			Dorchester	Co.	MARYLAND
Date of death	Month	Day	Years	Months	Days
1909	Aug	18	1	5	
Sax	Color or Race	White	Birth-place	Cambridge	
Occupation	Where Residing if not at place of death			Cambridge	
Married, Single or Widowed	Name of Wife or Husband	Lakesville			
Father's Name	Ottie Ruark	Mother's Birthplace			
Mother's Maiden Name	Daisy D Phillips	Father's Birthplace			
Name of person giving Information	Ottie Ruark	How related to deceased			Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Enter - Colitis

Immediate
Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

L44

(105)

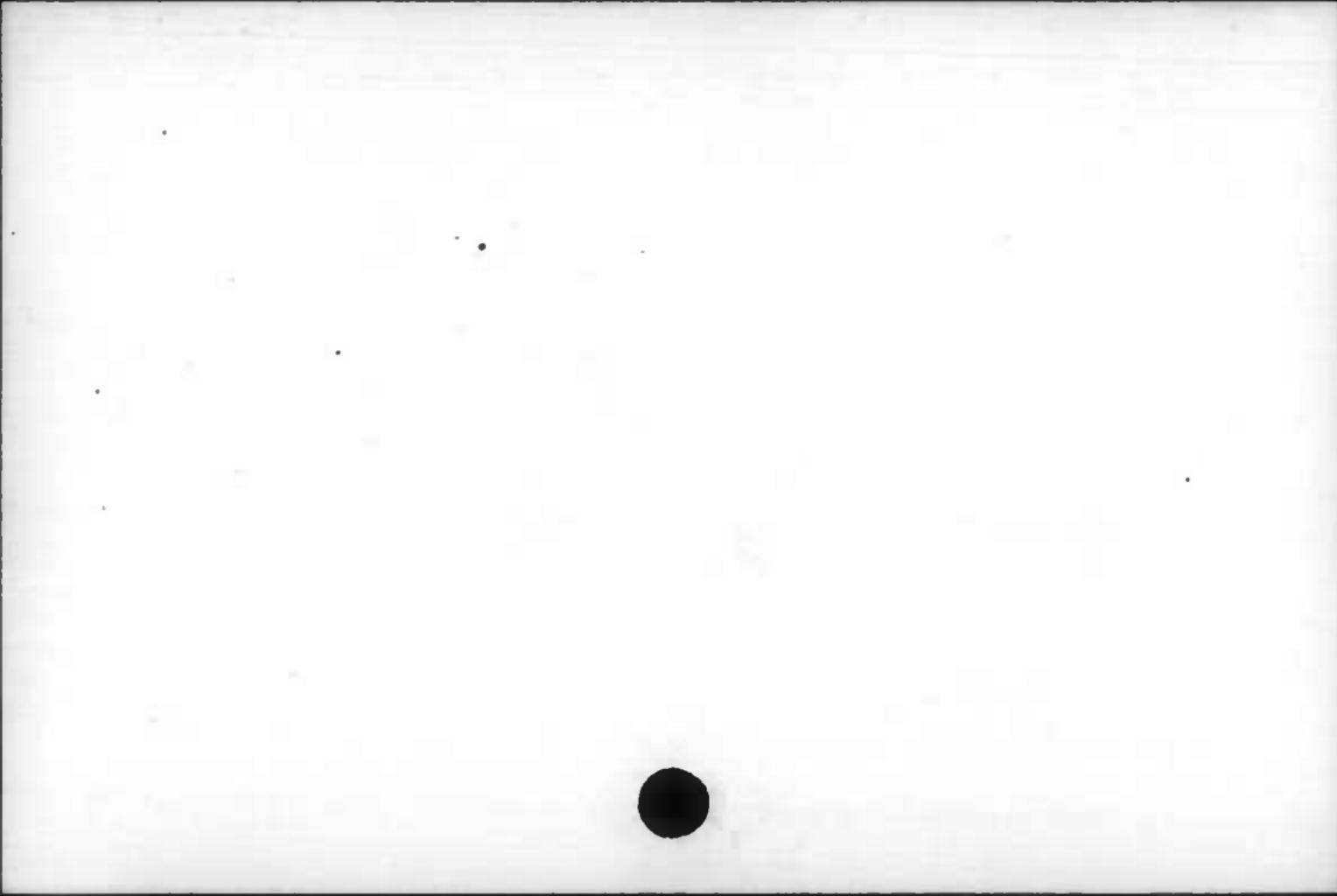
How long

Some months

How long

Some days

Bon Gola boway
Cambridge MD



Name
in
Full

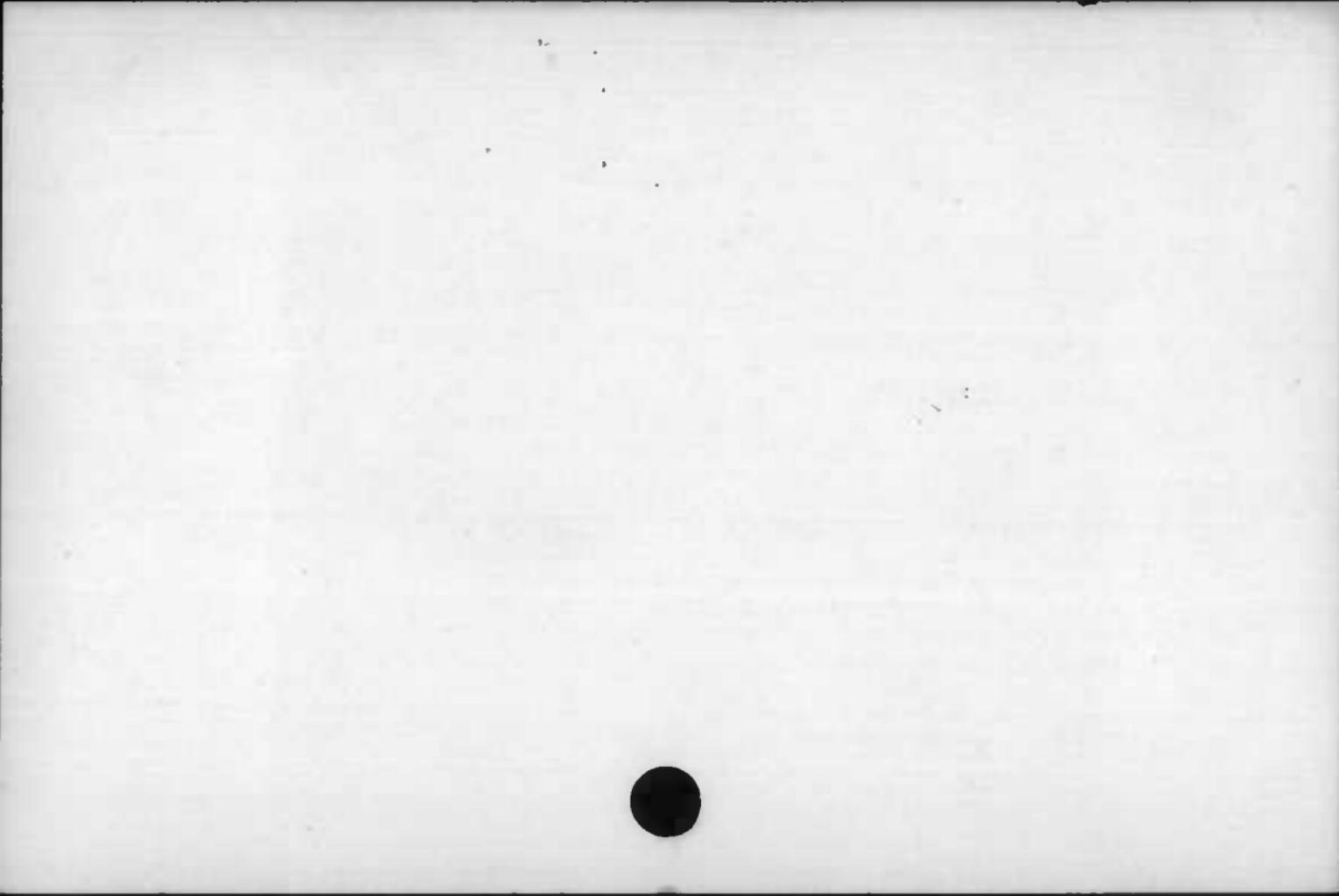
Infant Saunders *over one yr late*
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place	Md.	
Occupation	Where Residing If not at place of death			104	
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			Md.
Father's Name	Mother's Birthplace			Md.	
Mother's Maiden Name	Name of person giving Information			Md.	

CAUSES OF DEATH

Primary	suppos it was Illin Colitis		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. L. Lenthium
		Address	Church Creek
Accident or Suicide?	Md.		



Name
in
Full

Peter Schiemanski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town County
Died at Cambridge Dorchester MARYLAND

Date of death 1909 Aug. 11 Years 1 Months 1 Days 14

Sex Male Color or Race W.S.A. Birth-
place Ball. Ind

Occupation Infant Where Residing if not
at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Anton Schiemanski Father's Birthplace Germany

Mother's Maiden Name Jessie Leiss Mother's Birthplace Germany

Name of person giving information Anton Schiemanski How related to deceased Father

CAUSES OF DEATH

Primary Cholecm Infantum

Immediate Extrication

Are the name, age, sex, color, date
and place correctly given above?

you

Signature of
Physician

Address

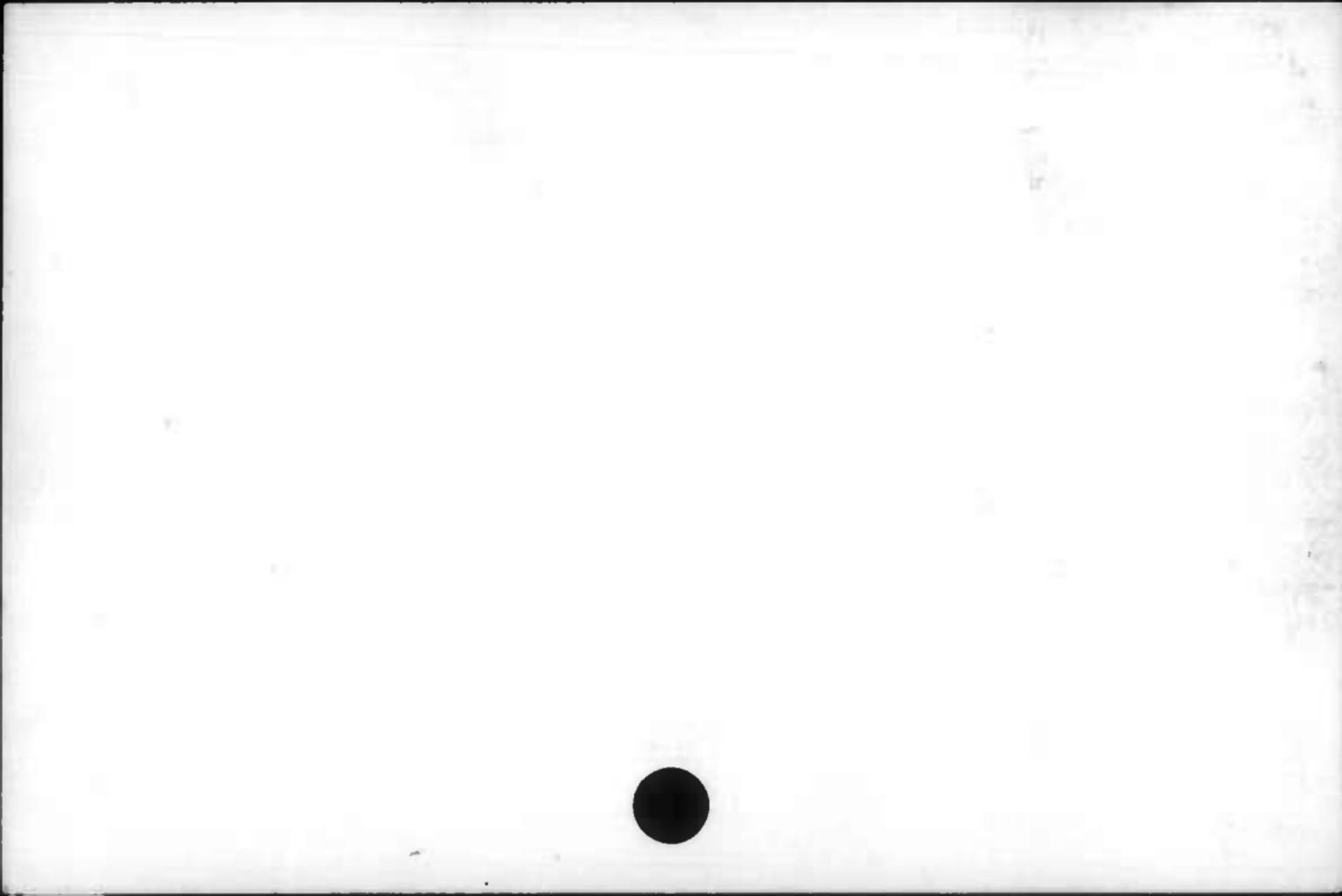
E. Elwolff,
Cambridge, Md.

Accident or Suicide

105

From history 30 weeks
How long Short.

X



Name
in
Full

Wm James Sharp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
1909	Aug	29	8	8	
Sex	Male	Color or Race	Birthplace	Maryland	
Occupation		Where Residing if not at place of death	Cambridge		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Maryland		
Father's Name	Richard Sharp	Mother's Birthplace	Maryland		
Mother's Maiden Name	Mary Roberts	How related to deceased	Mother		
Name of person giving Information	Richard Sharp		X		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum		How long	2 weeks
Immediate	Toxæmia		How long	short
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E.E. Wolff	
		Address	Cambridge, Md.	
Accident or Suicide				



Name
in
Full

Gaddie N. Shorter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at	Salem	Month	August	Day	6 th
Date of death	1909	Day	6 th	Years	Age
Sex	Female	Color or Race	colored	Birth-place	Dorchester Co.
Occupation	Housewife				
Married, Single or Widowed	Married	Name of Wife or Husband	Ruth Shorter		
Father's Name	Dont Know				
Mother's Maiden Name	Barbara Wongus				
Name of person giving Information	S. B. Chase				

CAUSES OF DEATH

Primary

Typhoid fever

1

How long

burns

Immediate

Gradual exhaustion

How long

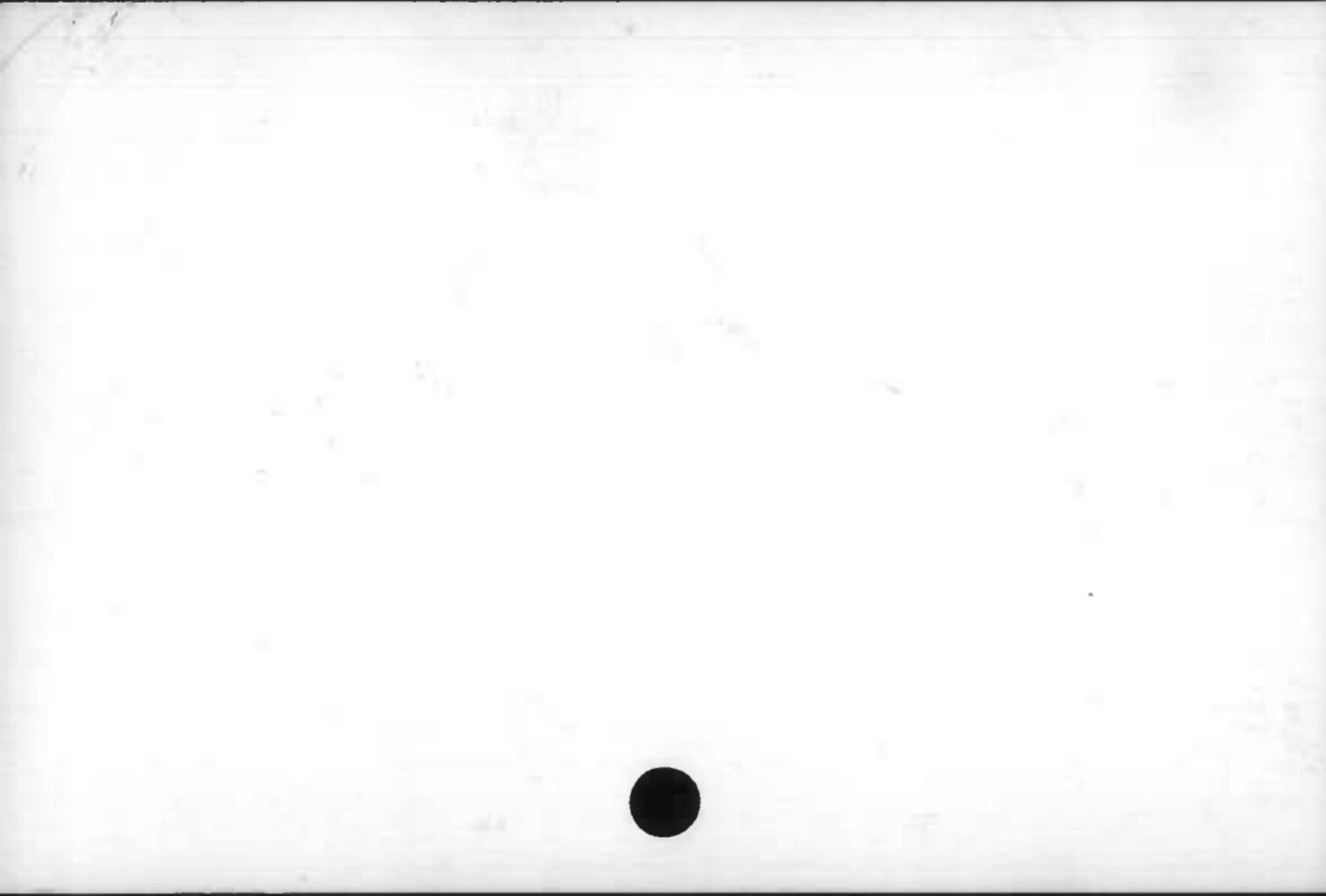
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Physick
Cambridge Md.

Accident or Suicide



Name
in
Full

Mrs W. H. Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sax	Color or Raca	Age	49	—	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowad	Name of Wifa or Husband	Wm H Simmons			
Father's Name	John H. Simmons				
Mother's Maiden Name	John H. Simmons				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's

120

X

Immediate

Alcohol

How long

and with

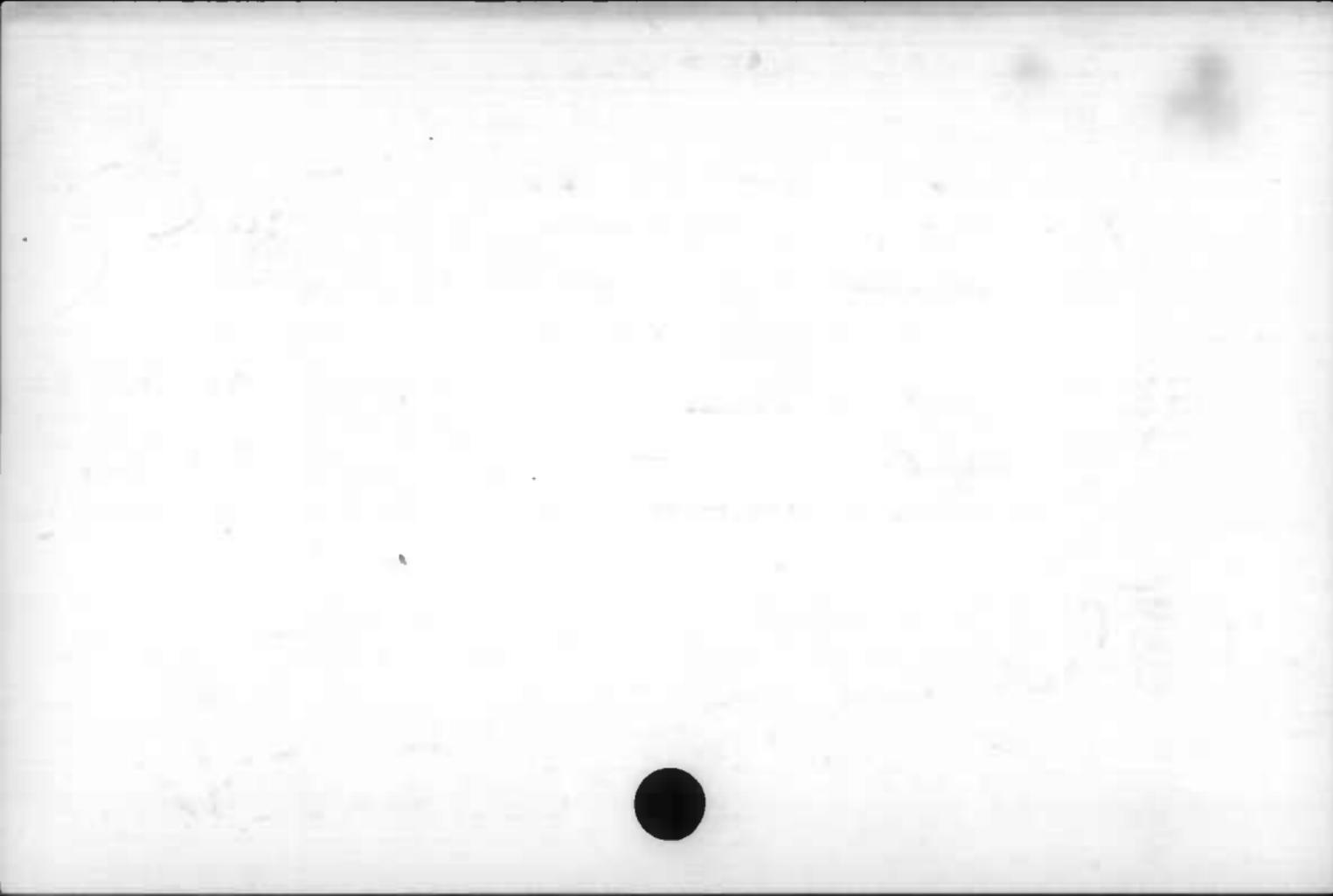
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

7 + 86



Name
in
Full

Edith C. Stephens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Madison

Town

County

Dorchester

MARYLAND

Date
of death

1909

Month

Augt-

Day

4

Years

35

Month

11

Days

Sex

Female

Color or
Race

White

Birth-
place

Glasgow, Scotland

Occupation

None

Where Residing if not
at place of death

Res. Balt. Md.

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Henry H. Stephens

Father's
Birthplace

Scotland

Mother's
Maiden Name

Williamina G. Blessing

Mother's
Birthplace

Scotland

Name of person giving
Information

Vera Stephens

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Typhoid Fever

1)

about 2 weeks

Immediate

Cerebral Complications

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

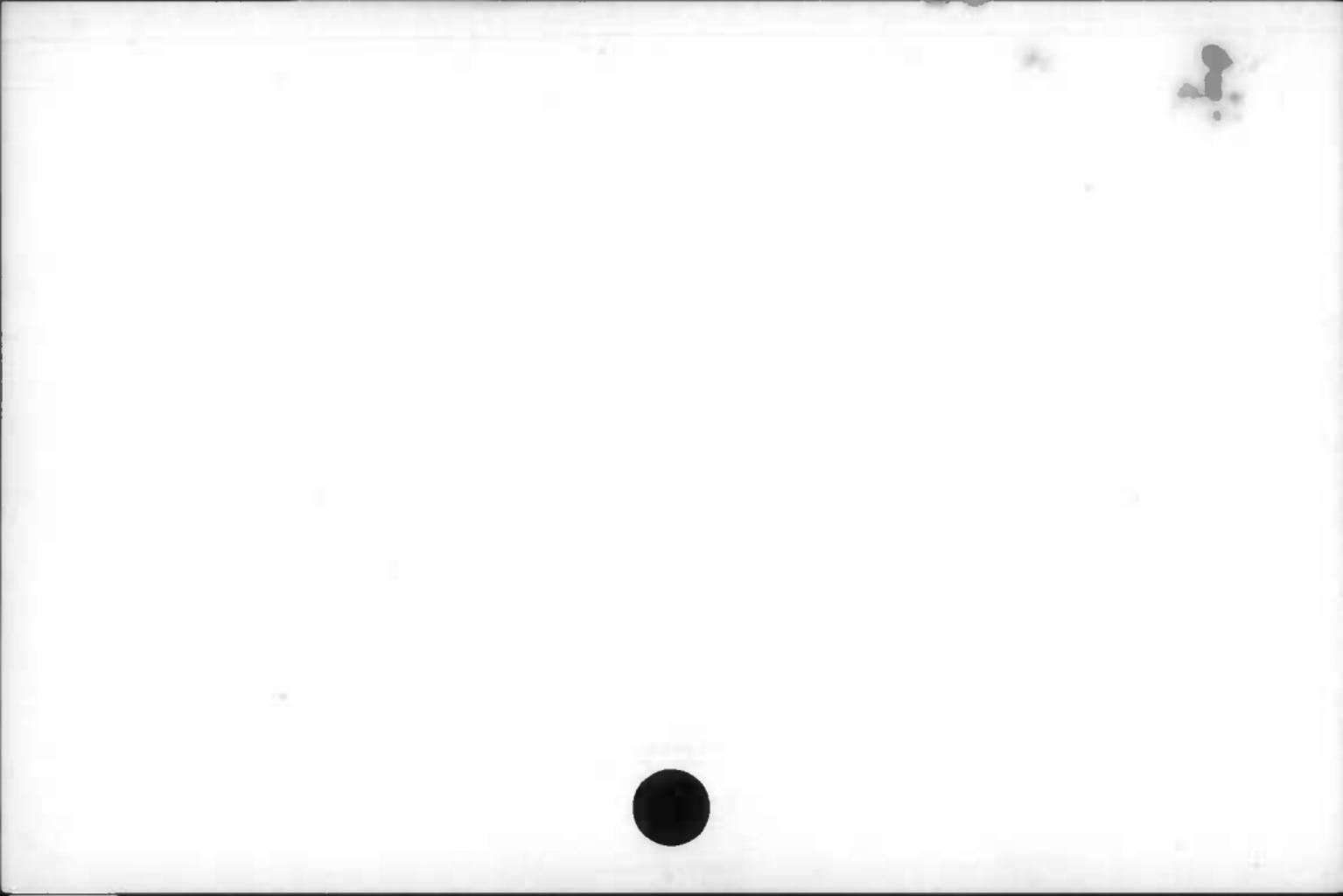
Signature of
Physician

Address

B. L. Smith M.D.
Madison, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Stiles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge		Town		County		MARYLAND	
Date of death	1909	Month Aug.	Day 10	Age	Years Still-birth	Months	Days
Sex	Male	Color or Race	Blk	Birth-place	Md		
Occupation	Infant	Where Residing if not at place of death					
Married, Single or Widow	Single	Name of Wife or Husband		Father's Birthplace			
Father's Name	Leon Stiles			Md			
Mother's Maiden Name	Maggie Burns			Mother's Birthplace			
Name of person giving Information	Leon Stiles			How related to deceased			
				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still-birth.

8

4

Immediate

Are the name, age, sex, color, date and place correctly given above?

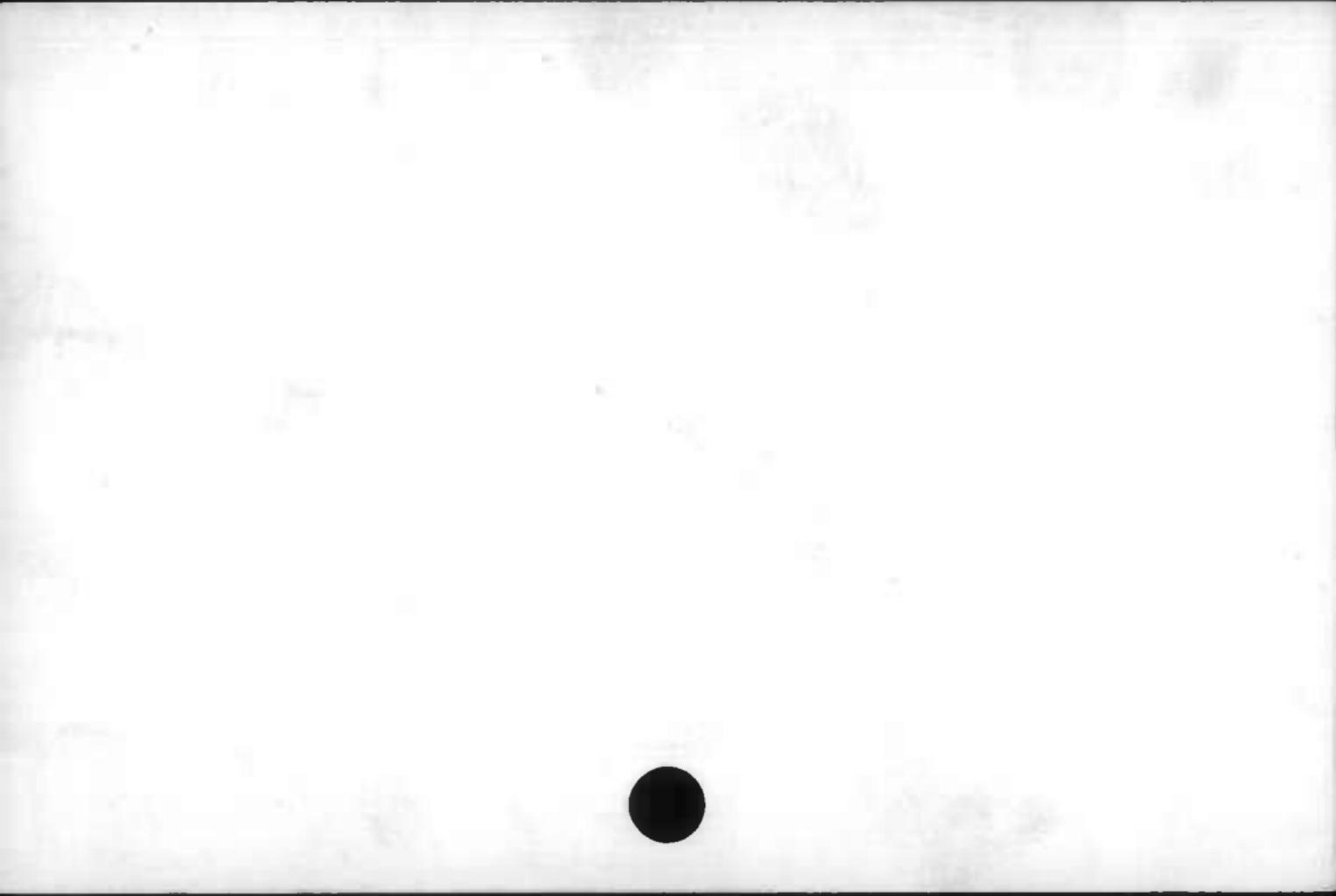
yes

Signature of Physician

Address

E. E. Wolff
Cambridge, Md

Accident or Suicide



Name
in
Full

Emma Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Bucklow		
Occupation	Housework			Where Residing if not at place of death	
Marriad, Single or Widowed	Married		Name of Wife or Husband	Harriet Thomas	
Father's Name	Mager Horsy			Father's Birthplace	Bucklow
Mother's Maiden Name	Manola Molook			Mother's Birthplace	Bucklow
Name of person giving Information	James Jr Jackson			How related to deceased	son
CAUSES OF DEATH					
Primary	Tuberculosis of Pelvic Organs & Pleo Abcesses (6 or 8 months) -				
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	How long Harriet been ill	
			Address	How long	

33

y

PHYSICIAN
ON CORONER

Primary
Tuberculosis of Pelvic Organs & Pleo Abcesses (6 or 8 months) -

Immediate
Exhaustion

Are the name, age, sex, color, date and place correctly given above?

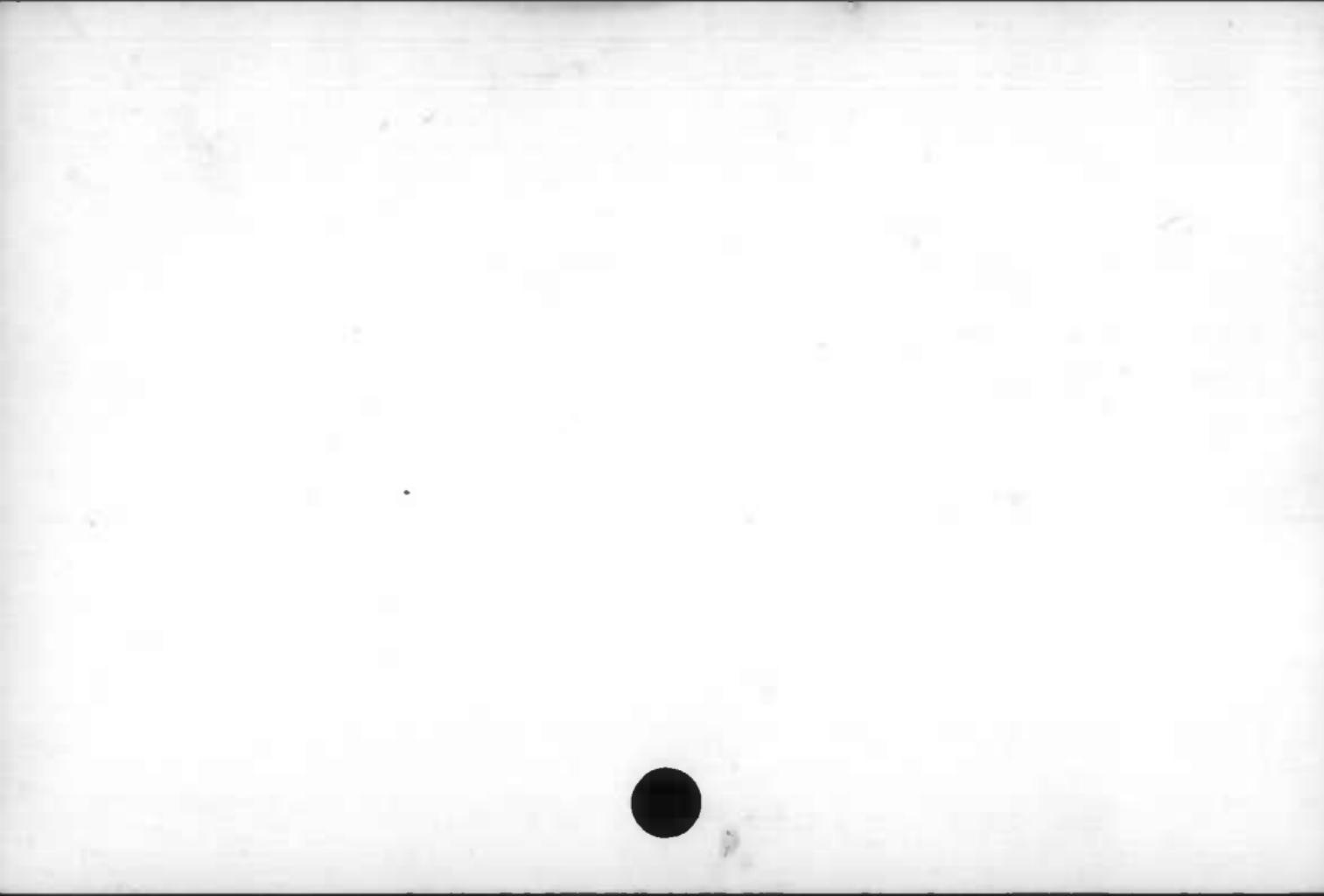
yes

Signature of Physician

Address

E. Wolff
Cambridge, Md.

Accident or Suicide



Name
in
Full

John H. Todd.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
1909	Month	Day	Years	Age	Months	Days
Sex	Color or Race		White		Birth- place	
Occupation	Dorchester Co.					
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death			
Father's Name	William W. Todd.		Laura Barnes		Dorchester Co.	
Mother's Maiden Name	Susan Collins.				Caroline Co.	
Name of person giving Information	W. W. Todd.				Brother.	

CAUSES OF DEATH

120

How long

X
2 mos.

4 days.

Primary

Chronic Bright's Dis.

How long

Immediate

Acute Dilatation Heart.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

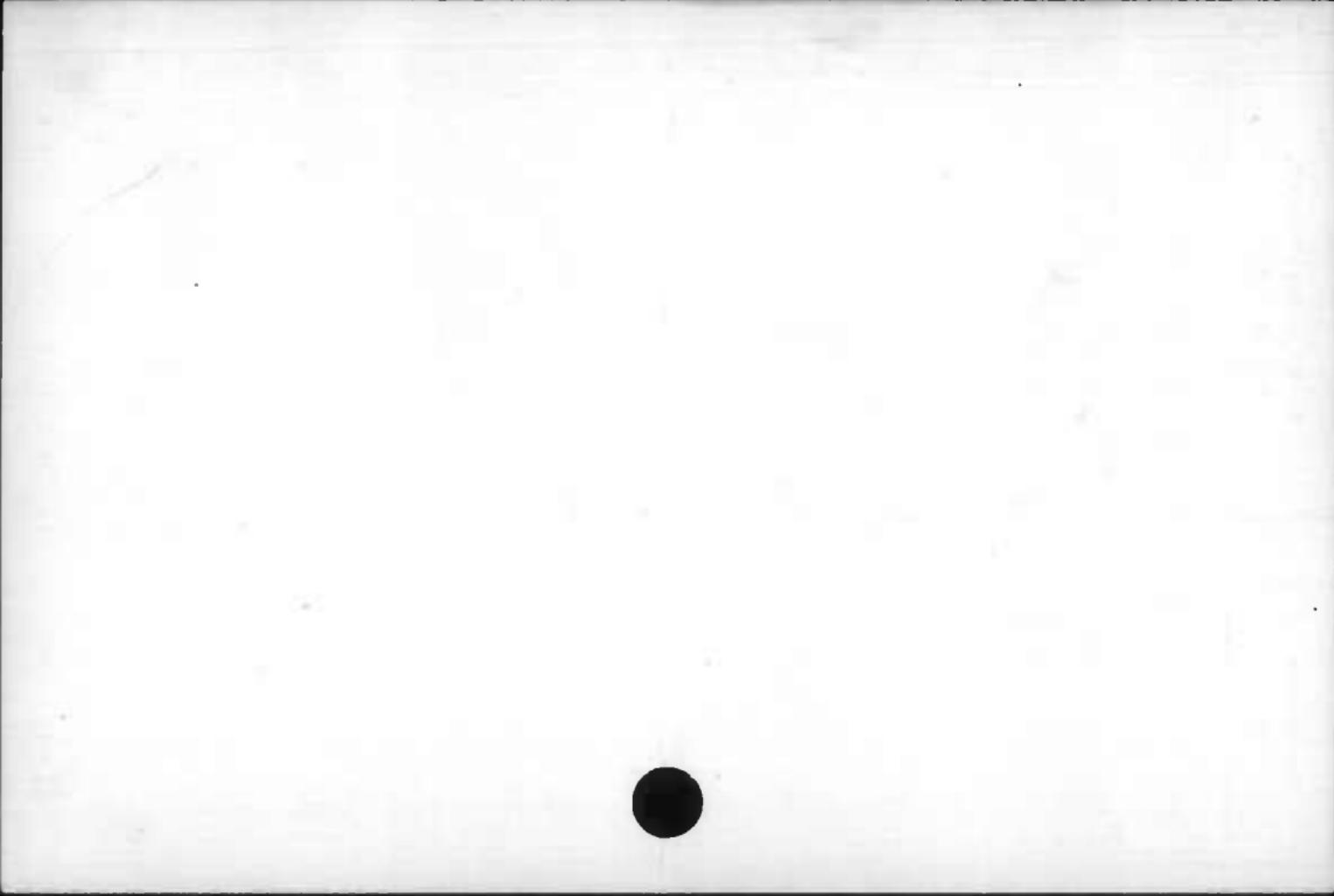
Address

F. S. Brooks, M.D.

See also being
of me.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Rosa Erasilia Tucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at	Cambridge	Dorchester		Months	Days
Date of death	1909	Month Aug.	Day 9	Age	8 14
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Where Residing if not at place of death Cambridge Md.				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jas. C. Tucker				
Mother's Maiden Name	May L. Parrott				
Name of person giving Information	May L. Parrott				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Enter - Cobitis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

How long

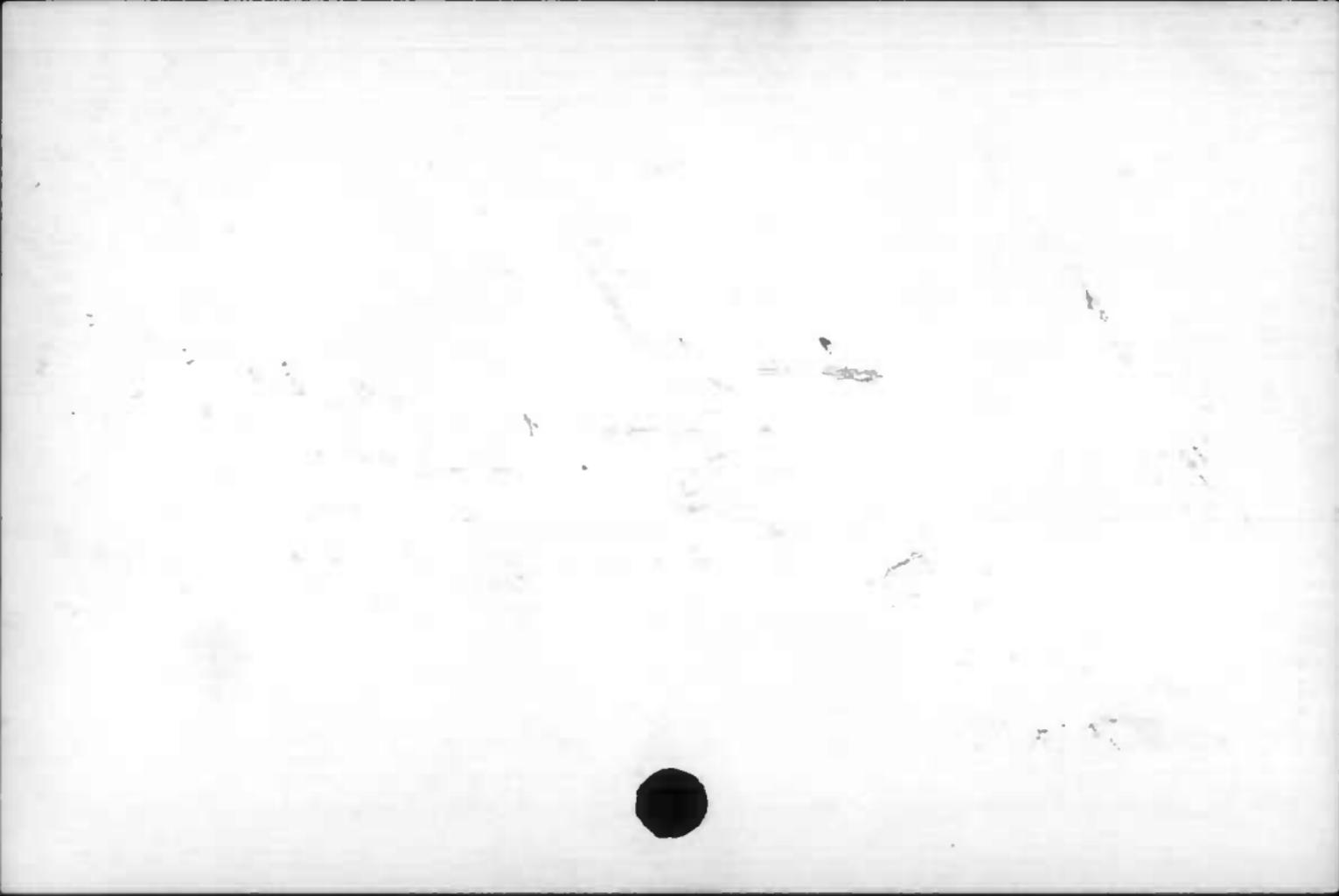
Some time

" Deep

How long

Exhaustion

Weakness



Name
in
Full

Mrs 2 Edward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Cambridge	Dorchester		
Date of death	Month	Day	Month
1909	Aug	4	Days
Sex	Color or Race	Age	Years
Female	White	57	57
Occupation	Where Residing if not at place of death		
Housewife	Cambridge Ma		
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband	E. Cran	
Father's Name	not known	Father's Birthplace	
Mother's Maiden Name	" "	Mother's Birthplace	
Name of person giving Information	John Gallon Sister	How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: Chronic nephritis
Immediate: Edema

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

By Dr. G. L. Brown
Cambridge Ma

Accident or Suicide

120

X

How long

Some months

How long

A few weeks



Name
in
Full

Sarah Anna Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Maryland Neck Town Darchester County
near Goldow Hill, Month Month Day 26th Years Age about 80 yrs.
Date of death 1909 Aug. Month Days

MARYLAND

Sex Female Color or Race Colored Birth-place Do not know,
Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband John Waters

Father's Name Jos. Spicer Father's Birthplace Do not know.

Mother's Maiden Name Eliza Mother's Birthplace Do not know

Name of person giving Information John Waters How related to deceased Husband

CAUSES OF DEATH

79

How long

How long

Primary Valvular disease of Heart, Dilatation. Do not know

Immediate Passive Congestion, Dropsey, Exhaustion 3 mos.

Are the name, age, sex, color, date and place correctly given above?

as cor.

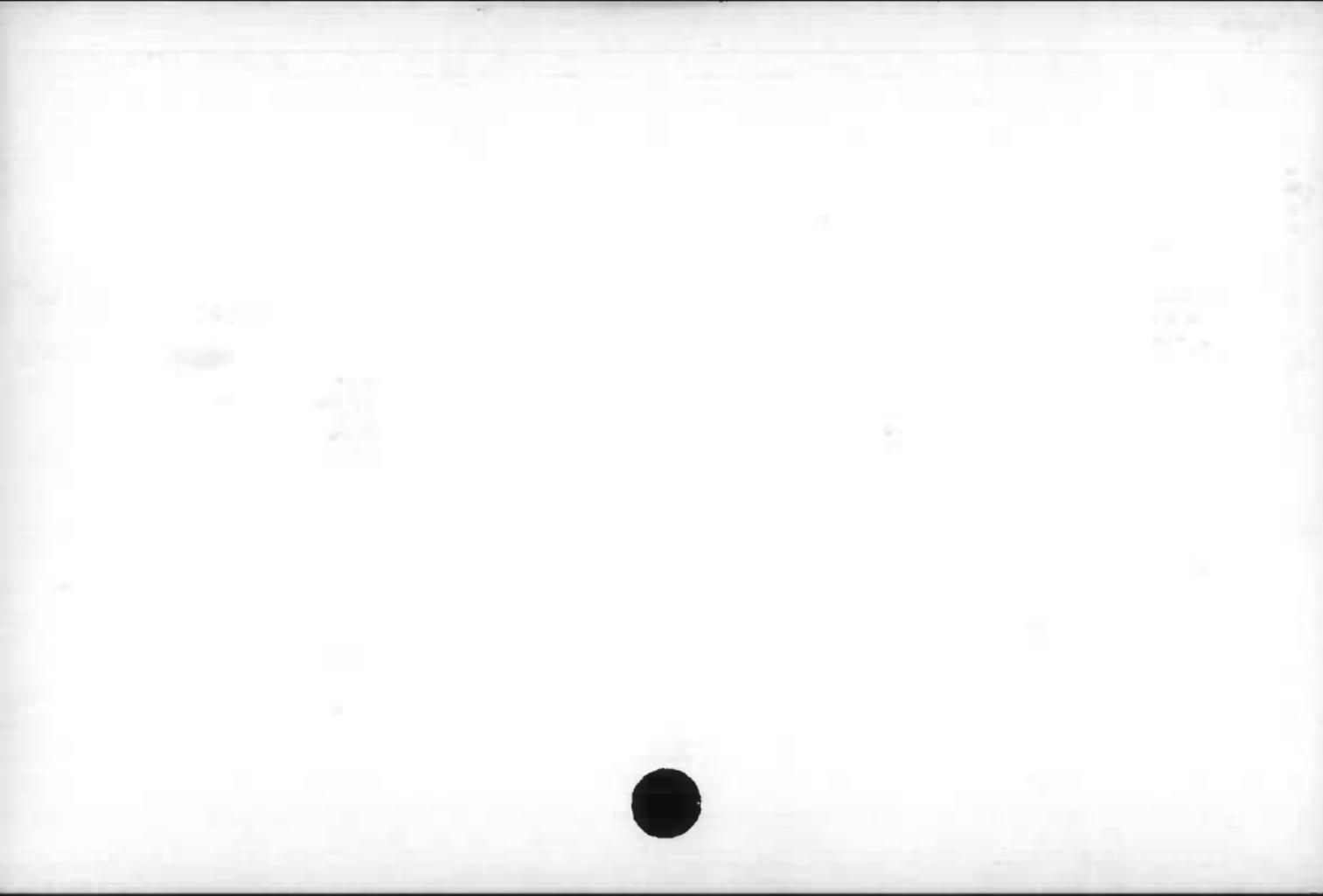
Signature of Physician

Address

W.H. Arnot Jr
Fishing Creek Md.

Death as possible.

Accident or Suicide



Name
in
Full

William H. Westbrook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u>		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1909 Aug.</u>	Month <u>Aug.</u>	Day <u>5</u>	Years <u>28</u>	Months <u>4</u>	Days <u></u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>N. Jersey</u>			
Occupation <u>Engineer</u>	Where Residing if not at place of death <u>Cambridge Md</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>				
Father's Name <u>Wm H. Westbrook</u>	Father's Birthplace <u>N. Y.</u>				
Mother's Maiden Name <u>Lydia J. North</u>	Mother's Birthplace <u>N. Jersey</u>				
Name of person giving information <u>Sophia Evans</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pyphoid fever

How long

7 weeks

Immediate

Inflammation of intestine and Peritonitis

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Hugh Stull

Address

Cambridge Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at	Elderside	Month	Day	Year	Months Days
Date of death	1909 Aug	16	Age	35	9 2
Sex	Female	Color or Race	White	Birth-place	Elderside
Occupation	Housewife		Where Residing if not at place of death	Sheridan 8700 Valley	
Married, Single or Widowed	Married	Name of Wife or Husband	Sheridan 8700 Valley	Father's Birthplace	Valley
Father's Name	James Morris		Sheridan 8700 Valley	Mother's Birthplace	" Bushbank "
Mother's Maiden Name	Mary Morris		Sheridan 8700 Valley	How related to deceased	Brother
Name of person giving Information	Sheridan 8700 Valley		1	How long	3 weeks

CAUSES OF DEATH

Primary

Typhoid fever

Immediate

Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

~~110~~
~~6~~

Edmund Russell

Front & Elm St

Chi Gas Co. Ltd.